**FILED** 

## 2001 UNIFORM BUSINESS REPORT (ÚBR)

## Jan 30, 2001 8:00 am Secretary of State **DOCUMENT # 382492** 1. Entity Name ROBERT N LEWIS ELECTRICAL CONTRACTORS, INC. 01-30-2001 90207 046 \*\*\*150.00 Principal Place of Business Mailing Address 1671 W 38TH PLACE SUITE 1409 1671 W 38TH PLACE SUITE 1409 HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-1353051 Not Applicable Zip Country Zip. Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FULLER, ROBERT J Street Address (P.O. Box Number is Not Acceptable) 17440 NW 82ND CT HIALEAH FL 33015 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. STD Addition ☐ Delete ☐ Change TITLE TITLE FULLER, ROBERT NAME STREET ADDRESS 17440 N.W. 82ND CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL ☐ Delete TITLE Change ☐ Addition TITLE FULLER, JOAN C NAME NAME STREET ADDRESS 17440 NW 82ND CT STREET ADDRESS CITY-ST-ZIP HIALEAH FL CITY-ST-ZIP ☐ Addition ☐ Delete TTLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ..

MATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-2001 305-556-0925

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Daytime Phone #