

2002 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Apr 21, 2002 8:00 am
Secretary of State

03-18-2002 90038 028 ***150.00

DOCUMENT # 468876

1. Entity Name

LEWISON & THOMAS ENTERPRISES, INC.

Principal Place of Business

**2465 NORTHSIDE DR
SUITE 901
CLEARWATER FL 33761
US**

Mailing Address

**2465 NORTHSIDE DR
SUITE 901
CLEARWATER FL 33761
US**

2. Principal Place of Business

639 BERRYWOOD WAY

Suite, Apt. #, etc.

3. Mailing Address

639 BERRYWOOD WAY

Suite, Apt. #, etc.

City & State

PALM HARBOR, FL

Zip

34683

Country

US

City & State

PALM HARBOR, FL

Zip

34683

Country

US

4. FEI Number

59-1570282

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**THOMAS, R DEAN
2465 NORTHSIDE DR
SUITE 901
CLEARWATER FL 33761**

7. Name and Address of New Registered Agent

Name **SMILES**

Street Address (P.O. Box Number is Not Acceptable)

639 BERRYWOOD WAY

City **PALM HARBOR**

FL

Zip Code

34683

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

R. DEAN THOMAS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-4-02

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	THOMAS, DEAN	
STREET ADDRESS	2465 NORTHSIDE DR, SUITE 901	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	SD	<input type="checkbox"/> Delete
NAME	THOMAS, JEANETTE E	
STREET ADDRESS	2465 NORTHSIDE DR, SUITE 901	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	639 Berrywood Way	
STREET ADDRESS	Palm Harbor, FL 34683	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	639 Berrywood Way	
STREET ADDRESS	Palm Harbor, FL 34683	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

R. DEAN THOMAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-02

Date

800-799-1727

Daytime Phone #

CR2E034 (9/01)