

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 616594

1. Entity Name

MARK R. LEWIS, P.A.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90163 038 ***150.00

Principal Place of Business 3131 - 66TH ST. N. SUITE A ST PETERSBURG FL 33710	Mailing Address 3131 - 66TH ST. N. SUITE A ST PETERSBURG FL 33710
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6830 Central Ave	3. Mailing Address 6830 Central Ave
Suite, Apt. #, etc. Suite D	Suite, Apt. #, etc. Suite D
City & State St Petersburg FL	City & State St Petersburg FL
Zip 33707	Zip 33707
Country USA	Country USA

4. FEI Number 59-1900062	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

LEWIS, MARK R
~~**6131 - 66TH ST. N., A**~~ **6830 Central**
~~**ST PETERSBURG FL 33710**~~ **33707**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
~~**6830**~~
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) 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, 2000 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 LEWIS, MARK R	
STREET ADDRESS 3131 - 66TH ST. N., A	6830 Central Ave
CITY-ST-ZIP ST PETERSBURG FL	St Petersburg FL
TITLE ST	<input type="checkbox"/> Delete
NAME LEWIS, MARK R	
STREET ADDRESS 3131 66TH N., A	Same
CITY-ST-ZIP ST PETERSBURG FL	
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	
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	
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 or without power.

SIGNATURE: MARK R. LEWIS, Sr **MARK R. LEWIS, Sr**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** Date **4/4/00** Daytime Phone #

CR2E034 (9/99)