## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # 856363 Sep 11, 2000 8:00 am Secretary of State 1. Entity Name LEWIS & ASSOCIATES CONSTRUCTION CO., INC. 09-11-2000 90072 005 \*\*\*550.00 Principal Place of Business Mailing Address 201 REGENCY COURT PO BOX 1909 DOTHAN AL 36302 DOTHAN AL 36301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number City & State 63-0692935 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 ROBERTS, JOHN E. Street Address (P.O. Box Number is Not Acceptable) 327 E LAFAYETTE ST. MARIANNA FL 32446 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PD ☐ Addition Delete TITLE TITLE LEWIS, RALPH D. NAME NAME 206 GIRARD AVE. STREET ADDRESS STREET ADDRESS DOTHAN AL CITY-ST-ZIP CiTY-ST-7IP ☐ Addition ☐ Change TITLE ☐ Delete TITLE LEWIS, CHARLOTTE K NAME NAME 206 GIRARD AVE STREET ADDRESS STREET ADDRESS **DOTHAN AL** CITY-ST-ZiP CITY-ST-ZIP Change OnitiphA TITLE Delete TITLE TEW, JAMES H NAME 306 WILLOW OAKS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HEADLAND AL Addition Change ☐ Delete TITLE LEWIS, RALPH D. JR. NAME NAME 18 WOODMERE STREET ADDRESS STREET ADDRESS DOTHAN AL CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE TITLE LEWIS, MICHAEL T NAME NAME **408 MONTEZUMA** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOTHAN AL Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 er

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SIGNATURE:

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PAI DON LEWIS JE 33