

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 19, 2002 8:00 am**  
**Secretary of State**

09-19-2002 90161 017 \*\*\*550.00

**DOCUMENT # 856363**

**1. Entity Name**  
**LEWIS & ASSOCIATES CONSTRUCTION CO., INC.**

**Principal Place of Business**  
**201 REGENCY COURT**  
**DOTHAN AL 36301**  
**US**

**Mailing Address**  
**PO BOX 1909**  
**DOTHAN, AL 36302**  
**US**



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		<b>4. FEI Number</b> <b>63-0692935</b>		<b>Applied For</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				<b>Not Applicable</b>	
City & State		City & State		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country				

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>ROBERTS, JOHN E.</b> <b>327 E LAFAYETTE ST.</b> <b>MARIANNA FL 32446</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)</b> <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 13, 2002 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, RALPH D.	NAME	
STREET ADDRESS	206 GIRARD AVE.	STREET ADDRESS	
CITY-ST-ZIP	DOTHAN AL	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, CHARLOTTE K	NAME	
STREET ADDRESS	206 GIRARD AVE	STREET ADDRESS	
CITY-ST-ZIP	DOTHAN AL	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, RALPH D. JR.	NAME	
STREET ADDRESS	18 WOODMERE	STREET ADDRESS	
CITY-ST-ZIP	DOTHAN AL	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, MICHAEL T	NAME	
STREET ADDRESS	408 MONTEZUMA	STREET ADDRESS	
CITY-ST-ZIP	DOTHAN AL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** SIG Ralph D. Lewis 9/17/02 334-794-8671  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)