2001	IINIEORM	BUSINESS	REPORT	/IIRR
2 00 i	OHIFUNNI	DUSINESS	REPURI	(UDN)

DOCUMENT # A9400001238 1. Entity Name SAM LEWIS ROOFING, LTD.						and specific	۸	3792 AF	
					FILED M				
Principal Place of Business Mailing Address						01 FEB 12 AM 11: 36			
P.O. BOX 16206 P.O. BOX 16206 PLANTATION FL 33318 PLANTATION FL 33318				SE(CRETARY OF STATE LAHASSEE, FLORIDA	E) (1881	:		
Principal Place of Business 3. Mailing Address)) 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6	i	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
City & State City & State		City & State	-		4. FEI Numbe	65-0507722	Applied For Not Applicable		
Zip Country		Zip	Coun	itry	5. Certificate of	of Status Desired	8.75 Additional ee Required		
	6. Name	and Address of Current	t Registered Agent			7. Name and	Address of New Registered A	gent	
1 57410 CA		•			Name				- -
LEWIS, SAM 6307 NW 2ND STREET				Street Address (P.O. Box Number is Not Acceptable)					
MARGATE	FL 33063								
					City FL Zip Code			Zip Code	
8. The above	named entit	y submits this statement fo	or the purpose of changing	ı its register	ed office or registe	ered agent, or both	n, in the State of Florida.		
SIGNATURE .	Signature, typed	or printed name of registered agent	t and title if applicable. (N	NOTE: Registere	d Agent signature require	ed when reinstating)	DATE		
9. Capital Co as Shown	intributions on record.	\$5,800.00	10. Amount of Ca in FLORIDA to	apital Contril o date.	butions		11. MAKE CHECK PAYABLE T SEE REVERSE SIDE FOR		
	A (GENERAL PARTNER1 : General Partners M/	THAT IS A BUSINESS I AY NOT be changed or	ENTITY M the form	UST BE REGIS ; an amendme	STERED AND A nt must be filed	CTIVE WITH THIS OFFICE. I to change a general partr	ier.	
12.		GENERAL PARTNÉ		13.			ADDRESS CHANGES ONLY	· · · · · · · · · · · · · · · · · · ·	_
DOCUMENT # NAME	LEWIS, SAMUEL B		STRE	EET ADDRESS	30	000037426	3530	CR2E003 (11/00)	
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indicated	on this repo	rt is true and accurate and	h this filing does not qualify d that my signature shall ha nis report as required by Ch	ive the same	e legal effect as if Florida Statutes	made under oath;), Florida Statutes. I further certif that I am a General Partner of th	y that the information ne limited partnership or	1
SIGNAT	URE: _	SIGNATURE AND TYPED OF	R PRINTED NAME OF SIGNING GEN	NERAL PARTNE		MIHER		974) 720 7578 time Phone #	