

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90166 045 ***150.00

DOCUMENT # F01458

1. Entity Name

LEWIS RENTAL PROPERTIES, INC.

Principal Place of Business

**3600 NW BOCA RATON BLVD.
BOCA RATON FL 33431
US**

Mailing Address

**3600 N.W. BOCA RATON BLVD.
BOCA RATON FL 33431
US**

2. Principal Place of Business

3. Mailing Address

PO BOX 650

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON FL

Zip

Country

33429

Country

USA4. FEI Number **59-2039687**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BARBA, THOMAS A.
400 S. DIXIE HIGHWAY
BLDG. 3, SUITE 324
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name

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

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

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

(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, 2001 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 **VD** ☐ Delete
NAME **LEWIS, TIMOTHY**
STREET ADDRESS **3600 N.W. BOCA RATON BLVD.**
CITY-ST-ZIP **BOCA RATON FL**TITLE **STD** ☐ Delete
NAME **LEWIS, JEANETTE**
STREET ADDRESS **3600 N.W. BOCA RATON BLVD.**
CITY-ST-ZIP **BOCA RATON FL**TITLE **PD** ☐ Delete
NAME **LEWIS, TIMOTHY**
STREET ADDRESS **3600 N.W. BOCA RATON BLVD.**
CITY-ST-ZIP **BOCA RATON FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIM LEWIS

Date

2/5/01

Daytime Phone #

561-394-9500

CR2E034 (10/00)

0298181