

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G81377

1. Entity Name

D.P. LEWIS & ASSOCIATES, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90066 044 ***150.00

Principal Place of Business	Mailing Address
7289 GARDEN ROAD SUITE 201 RIVIERA BEACH FL 33404 US	7289 GARDEN ROAD SUITE 201 RIVIERA BEACH FL 33404-4919 US

2. Principal Place of Business	3. Mailing Address
1495 Forest Hill Boulevard	1495 Forest Hill Boulevard
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite G	Suite G

City & State	City & State
West Palm Beach, Florida	West Palm Beach, Florida
Zip	Zip
33406-6073	33406-6073
Country	Country
US	US



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-2516555	Applied For
		Not Applicable

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	7. Name and Address of New Registered Agent
LEWIS, DANIEL P. 7289 GARDENS ROAD SUITE 201 RIVIERA BEACH FL 33404	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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	SPT <input type="checkbox"/> Delete	TITLE	SPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, DANIEL P.	NAME	LEWIS, DANIEL P.
STREET ADDRESS	4784 WIGGINS RD.	STREET ADDRESS	1495 Forest Hill Boulevard, Suite G
CITY-ST-ZIP	LAKE WORTH FL	CITY-ST-ZIP	West Palm Beach, FL 33406-6073
TITLE	V <input type="checkbox"/> Delete	TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, ELIZABETH	NAME	LEWIS, ELIZABETH
STREET ADDRESS	4784 WIGGINS RD.	STREET ADDRESS	1495 Forest Hill Boulevard, Suite G
CITY-ST-ZIP	LAKE WORTH FL	CITY-ST-ZIP	West Palm Beach, FL 33406-6073
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, ANGINA D.	NAME	
STREET ADDRESS	530 FLEMING AVE	STREET ADDRESS	
CITY-ST-ZIP	GREENACRES FL	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	
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 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-00 561 964 0700

CR2E034 (9/99)