

2001 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Apr 11, 2001 8:00 am
Secretary of State

03-14-2001 90497 023 ***158.75

DOCUMENT # H21612

1. Entity Name

A-SQUARE CONSTRUCTION COMPANY

Principal Place of Business

**5718 NW 210 ST
NEWBERRY FL 32669
US**

Mailing Address

**5718 NW 210 ST
NEWBERRY FL 32669
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2456583**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEWIS, WILLIE JAMES
5718 NW 210 ST
NEWBERRY FL 32669**

7. Name and Address of New Registered Agent

Name

JAMES F. LEWIS

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

5718 NW 210 ST

City

Newberry

FL

32669

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

James F. Lewis

(NOTE: Registered Agent signature required when reinstating)

DATE

3/28/01

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 NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIS, WILLIE JAMES 5718 NW 210 ST NEWBERRY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEWIS, JAMES F. 5718 NW 210 ST NEWBERRY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BAKER, WILLIAM B. 5718 NW 210 ST NEWBERRY FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/S LEWIS, JAMES F. 5718 NW 210 ST NEWBERRY, FL 32669	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D LEWIS, WILLIE JAMES 5718 NW 210 ST NEWBERRY, FL 32669	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D LEWIS, JIMMY V. 5718 NW 210 ST NEWBERRY, FL 32669	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D CHRISTIE, VALERIE JANE 5718 NW 210 ST NEWBERRY, FL 32669	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M/D WEAVER, LORI ANN 5718 NW 210 ST NEWBERRY, FL 32669	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

James F. Lewis **James F. Lewis**

Date

Daytime Phone #

3/28/01 904-545-4966

CR2E034 (10/00)