

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90003 020 ***150.00

DOCUMENT # H47946

1. Entity Name
LEWIS MORRIS AIR CONDITIONING, INC.

Principal Place of Business 1950 RICARDO AVE FT. MYERS FL 33901	Mailing Address 1950 RICARDO AVE FT. MYERS FL 33901
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813132



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2212-A ANDREA LN.	3. Mailing Address 2212-A ANDREA LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State FT. MYERS FL.	City & State FT. MYERS FL	4. FEI Number 59-2525650	Applied For <input type="checkbox"/> Not Applicable
Zip 33912	Country USA	Zip 33912	Country USA

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

6. Name and Address of Current Registered Agent

**MORRIS, ELMER LEWIS
 1348 TANGLEWOOD PKWY
 FORT MYERS FL 33919**

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 _____ (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORRIS, ELMER LEWIS 1348 TANGLEWOOD PKWY FORT MYERS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, JOAN 1348 TANGLEWOOD PKWY FORT MYERS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Elmer Lewis Morris **1/9/01** **941-995-0700**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)