

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J18325

1. Entity Name

LEWIS POOLS, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90087 013 ***150.00

Principal Place of Business

1911 PINE RIDGE ROAD
NAPLES FL 34109
US

Mailing Address

1911 PINE RIDGE ROAD
NAPLES FL 34109-2133
US

2. Principal Place of Business

1919 PINE RIDGE ROAD

Suite, Apt. #, etc.

3. Mailing Address

1919 PINE RIDGE ROAD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NAPLES, FLORIDA

City & State

NAPLES, FLORIDA

4. FEI Number

59-2680845

Applied For

Not Applicable

Zip

34109

Country

USA

Zip

34109

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, HAROLD S., II
2660 AIRPORT ROAD SOUTH
NAPLES FL 33962-4899

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	LEWIS, LARRY L.	
STREET ADDRESS	1911 PINE RIDGE RD.	
CITY-ST-ZIP	NAPLES FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	LEWIS, CHRIS	
STREET ADDRESS	1911 PINE RIDGE RD.	
CITY-ST-ZIP	NAPLES FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GILLESPIE, MARY	
STREET ADDRESS	3131 CALUSA AVE.	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1919 PINE RIDGE ROAD
CITY-ST-ZIP	NAPLES, FLORIDA 34109
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1919 PINE RIDGE ROAD
CITY-ST-ZIP	NAPLES, FLORIDA 34109
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Christine Lewis Christine LEWIS 3/18/00 941-597-7574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)