

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

0374930 AV

DOCUMENT # **J54597**

1. Entity Name  
**LEW REALTY, INC.**



04-30-2003 90151 013 \*\*\*150.00

Principal Place of Business  
**ONE CLEARLAKE CENTRE  
250 AUSTRALIAN AVE. SOUTH. SUITE 400  
WEST PALM BEACH FL 33401**

Mailing Address  
**ONE CLEARLAKE CENTRE  
250 AUSTRALIAN AVE. SOUTH. SUITE 400  
WEST PALM BEACH FL 33401**



2. Principal Place of Business  
**177 N. U.S. HWY. #1**

3. Mailing Address  
**177 N. U.S. HWY. #1**

Suite, Apt. #, etc.  
**BOX 240**

Suite, Apt. #, etc.  
**BOX 240**

City & State  
**TEQUESTA, FL.**

City & State  
**TEQUESTA, FL.**

4. FEI Number **59-2770795**

Applied For  
Not Applicable

Zip **33469** Country **U.S.**

Zip **33469** Country **U.S.**

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WRIGHT, CAROL  
11 DEWITT PLACE  
TEQUESTA FL 33469**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST** ☐ Delete  
NAME **WRIGHT, LARRY E.**  
STREET ADDRESS **250 AUSTRALIAN AVE S, SUITE 400**  
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **DPST** ☒ Change ☐ Addition  
NAME **LARRY E. WRIGHT**  
STREET ADDRESS **177 N. U.S. HWY #1, BOX 240**  
CITY-ST-ZIP **TEQUESTA, FL. 33469**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/03** **561-602-9971**  
Date Daytime Phone #

CR2E034 (10/02)