FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J83610

1. Entity Name

GREG LEWIS CUSTOM HOMES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
9651 Chumuckla Springs Road	9651 Chumuckla Springs Rd.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**2002 AMENDED**	

City & State	City & State	4. FEI Number	Applied For
Jay, Florida	Jay, Florida	59-2875165	Not Applicable

Zip 32565	Country Santa Rosa	Zip 32565	Country Santa Rosa	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Lewis, Laura

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

9651 Chumuckla Springs Road

City: Jay   FL   Zip Code: 32565

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: Laura J. Lewis   Laura J. Lewis VTS   11/20/02

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) ☐	January 1 - May 1 Fee is $150.00 After May 1, Fee is $550.00 Amended UBR is $61.25 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	TITLE	
NAME	Lewis, Greg	NAME	
STREET ADDRESS	9651 Chumuckla Springs Road	STREET ADDRESS	
CITY-ST-ZIP	Jay, FL 32565	CITY-ST-ZIP	
TITLE	VTS	TITLE	
NAME	Lewis, Laura	NAME	100009215271
STREET ADDRESS	9651 Chumuckla Springs Road	STREET ADDRESS	11/26/02--01006--022 **61.25
CITY-ST-ZIP	Jay, FL 32565	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Lewis, Joe	NAME	
STREET ADDRESS	2705 Harvest Road	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	Jay, FL 32565	CITY-ST-ZIP	**IN THIS SPACE**
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Laura J. Lewis   Laura J. Lewis   11/20/02   850-994-4868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #