

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# K34059

FILED
Apr 17, 2003
Secretary of State

Entity Name: LEWIS SURVEYING, INC.

Current Principal Place of Business:

115 W SECOND STREET
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

115 W SECOND STREET
APOPKA, FL 32703

New Mailing Address:

FEI Number: 59-2909796

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEWIS, DENNIS J.
115 W SECOND STREET
APOPKA, FL 32703

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEWIS, DENNIS J.,
Address: 26026 SACKAMAXON DRIVE
City-St-Zip: MT PLYMOUTH, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEWIS, DENNIS J.,
Address: 26026 SACKAMAXON DRIVE
City-St-Zip: MT PLYMOUTH, FL 32776

Title: ST () Change (X) Addition
Name: LEWIS, SHARON A
Address: 26026 SACKAMAXON DRIVE
City-St-Zip: MT PLYMOUTH, FL 32776

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON A. LEWIS

ST

04/17/2003

Electronic Signature of Signing Officer or Director

Date