

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 10, 2002 8:00 am
Secretary of State

05-22-2002 90265 046 ****50.00

DOCUMENT # L01000000191

1. Entity Name

LEWISWOOD CENTER AND STORAGE, LLC

Principal Place of Business

8169 WOODVILLE HIGHWAY
TALLAHASSEE FL ~~32311~~ *see change of zip code only*

Mailing Address

P.O. BOX 750
WOODVILLE FL 32362

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

32305

Country

USA

Zip

Country

USA

4. FEI Number

59-3688311

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEWIS, DEBRA H

8169 WOODVILLE HIGHWAY

TALLAHASSEE FL ~~32311~~ *see change of zip code only*

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE *President* ☐ Delete
 NAME *Debra H. Lewis*
 STREET ADDRESS *P.O. Box 750*
 CITY-ST-ZIP *Woodville, FL 32362*

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

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Debra H. Lewis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/1/02 *850-421-5039*
 Date Daytime Phone #

CP2E083 (9/01)