

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

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

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # L01000000191**  
1. Entity Name  
**LEWISWOOD CENTER AND STORAGE, LLC**

Principal Place of Business      Mailing Address  
**8169 WOODVILLE HIGHWAY**      **P.O. BOX 750**  
**TALLAHASSEE FL 32311** *see change of zip code only*      **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  
**LEWIS, DEBRA H**  
**8169 WOODVILLE HIGHWAY**  
**TALLAHASSEE FL 32311** *see change of zip code only*

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 #

CR2E083 (9/01)