

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0047844

DOCUMENT # L02000027205

1. Entity Name

LEWIS PROPERTIES, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 25 AM 9:36

Principal Place of Business

9141 WOODVILLE HWY.
WOODVILLE FL 32362

Mailing Address

P.O. BOX 597
WOODVILLE FL 32362

2. Principal Place of Business

5831 NATURAL BRIDGE RD.

Suite, Apt. #, etc.

3. Mailing Address

P. O. BOX 199

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

82-0572154

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

HINES, JAMES P
315 S. HYDE PARK AVE.
TAMPA FL 33606

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

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 Florida Department of State
Due By May 1, 2003

100014910661
03/28/03-01051-015 **\$50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME LEWIS, WILLIAM D
STREET ADDRESS P.O. BOX 597
CITY-ST-ZIP WOODVILLE FL 32362 ☐ Delete

TITLE MGR
NAME LEWIS, JULIA R
STREET ADDRESS P.O. BOX 597
CITY-ST-ZIP WOODVILLE FL 32362 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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:

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

3-24-03

Date

(850) 421-5295

Daytime Phone #

CR2E083 (10/02)