

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
 05-02-2001 90084 027 ***150.00

DOCUMENT # L05102

1. Entity Name

LEWNETCO, INC.

Principal Place of Business

**6210 ALL AMERICAN BOULEVARD
 ORLANDO FL 32810**

Mailing Address

**6210 ALL AMERICAN BOULEVARD
 ORLANDO FL 32810**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2963302**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BEUSSE, JAMES H.
 1027 N. MILLS AVE.
 ORLANDO FL 32803~~

Name **SANDRA E. LEEVELEY**

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

1000 ANCHORAGE COURT

City **WINTER PARK**

FL

Zip Code

32789

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEES \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
 NAME **PAROLINE, LEWIS D.**
 STREET ADDRESS **4909 FAWN RIDGE PLACE**
 CITY-ST-ZIP **SANFORD FL**

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **SANDRA E. LEEVELEY**
 STREET ADDRESS **1000 ANCHORAGE CT**
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **D** ☐ Delete
 NAME ~~PAROLINE, JANET M.~~
 STREET ADDRESS **4909 FAWN RIDGE PLACE**
 CITY-ST-ZIP **SANFORD FL**

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01
 Date

407 299 9929
 Daytime Phone #

0067829

CR2E034 (10/00)