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FILED

Oct 02, 2002 8:00 am
Secretary of State

08-19-2002 90148 048 ***550.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

1. Entity Name

LEWNETCO INC ~~at the Port of~~
~~PORT OF~~

L05102 ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

ORLANDO
6210 ALL AMERICAN
BLVD

3. Mailing Address

6210 ALL AMERICAN BLVD.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO FL

City & State

ORLANDO FL

4. Fed Number

54296 3302

5. Certificate of Status Desired

Applied For
Not Applicable

Zip

32810

Country

Zip

32810

Country

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

John R. Cleveley

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

6210 All American Drive

City

Orlando

FL

Zip Code

32810

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 resigning)

8/6/02

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to Fees11. ~~President~~ OFFICERS AND DIRECTORSTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JOHN R. CLEEVELEY
6210 ALL AMERICAN
BLVD ORLANDO FL 32810TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JOHN R. CLEEVELEY
6210 ALL AMERICAN
BLVD ORLANDO FL 32810TITLE
NAME
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CITY-ST-ZIP**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/6/02

Daytime Phone #

CR20348 (12/01)

Attachment
43804
LITCHFORD & CHRISTOPHER

PROFESSIONAL ASSOCIATION

Attorneys and Counselors at Law

BANK OF AMERICA CENTER
390 NORTH ORANGE AVENUE

POST OFFICE BOX 1549
ORLANDO, FLORIDA 32802

www.litchris.com

(407) 422-6600
TELECOPIER (407) 841-0325

September 30, 2002

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Uniform Business Report for Lewnetco, Inc.
Reference Number: L05102

To Whom It May Concern:

Pursuant to my telephone conversation this afternoon with one of your representatives, please find the enclosed corrected Uniform Business Report for Lewnetco Inc. We have previously paid the annual fee amounting to \$550.00. As instructed by your representative, all corrections were made on the returned copy of the original report. Also, the report has been corrected to reflect only the original name of the corporation, Lewnetco, Inc. Therefore, an amendment to the Articles of Incorporation is not necessary.

If you have any questions, please do not hesitate to call me.

Sincerely,



Paul E. DeHart

Enclosure