FILED May 02, 2003 8:00 am § 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L24784 1. Entity Name LEW-ROB, INC.						Secretary of State 05-02-2003 90404 028 ***150.00		
Principal Place of Business 2329 SEGOVIA AVE 2329 SEGOVIA AVE JAX FL 32217 Mailing Address 2329 SEGOVIA AVE JAX FL 32217								
2. Principal Place of Business			3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State			City & State		4. FEI Number 59-2979087	 +	Applied For Not Applicable	
Zip		Country	Zip -	Coun	try	5. Certificate of Status Desired	□ \$8.75 A Fee Requ	
	6. Name	and Address of Current	Registered Agent			7. Name and Address of New Re	gistered Agent	
					Name			ļ
MAIGE, R					Street Address (P.O. Box Number is Not Acceptable)			
	GROVE MA							
JACKSON	WILLE FL 3	2207						Ì
					City		FL Zip Co	ode
		submits this statement for ered agent.	the purpose of changing its r	egistere	ed office or registe	red agent, or both, in the State of Flori	da. I am familiar wit	h, and accept
SIGNATURE								
	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOTE:	Registered	Agent signature require	d when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						9. Election Campaign Fina Trust Fund Contribution		.00 May Be led to Fees
10.	,	OFFICERS AND		11.				1
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12. 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 are 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 suck 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4126/03 Date

264-730-769/