

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98721**

1. Entity Name

AFFORDABLE HATS AND ACCESSORIES BY L.E.W., INC.

Principal Place of Business

**2409 LAREDO DRIVE
DELTONA FL 32738**

Mailing Address

**2409 LAREDO DRIVE
DELTONA FL 32738**

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

59-3033868

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WHEATLEY, EARLE L
2409 LAREDO DRIVE
DELTONA FL 32738**

7. Name and Address of New Registered Agent

Name

LUCILLE WHEATLEY

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

2409 LAREDO DRIVE

City

DELTONA

FL

Zip Code

32738

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 **Earle L Wheatley VICE PRESIDENT**

Signature, typed or printed name of registered agent and type if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 10, 2001

DATE

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

☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	LUCILLE WHEATLEY	
STREET ADDRESS	2409 LAREDO DRIVE	
CITY-ST-ZIP	DELTONA, FL 32738	
TITLE	V	<input type="checkbox"/> Delete
NAME	EARLE WHEATLEY	
STREET ADDRESS	2409 LAREDO DRIVE	
CITY-ST-ZIP	DELTONA, FL 32738	
TITLE	S	<input type="checkbox"/> Delete
NAME	LUCILLE WHEATLEY	
STREET ADDRESS	2409 LAREDO DRIVE	
CITY-ST-ZIP	DELTONA, FL 32738	
TITLE	T	<input type="checkbox"/> Delete
NAME	EARLE WHEATLEY	
STREET ADDRESS	2409 LAREDO DRIVE	
CITY-ST-ZIP	DELTONA, FL 32738	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

Lucille Wheatley

5/15/02

Date

(386) 532-0478

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)