

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State
 05-05-2000 90105 020 ***150.00

DOCUMENT # M86325

1. Entity Name

LEWIS MARINE SUPPLY OF GREENPORT, L.I., INC.

Principal Place of Business

Mailing Address

**230 CORWIN STREET
 BOX 2103
 GREENPORT NY 11944**

**230 CORWIN STREET
 BOX 2103
 GREENPORT NY 11944-0894**

2. Principal Place of Business

3. Mailing Address

P O BOX 21107

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT. LAUDERDALE, FL

4. FEI Number

65-0055835

Applied For

Not Applicable

Zip

Country

Zip

Country

33335-1107

USA

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

**RUROEDE, BART
 220 SW 32ND ST
 FORT LAUDERDALE FL 33315**

Name

JOHN E. STEPHENS

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

220 S W 32ND STREET

City

FT. LAUDERDALE

FL

Zip Code

33315

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.

JOHN E. STEPHENS

3/27/00

(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!!! FEE IS \$150.00
 After MAY 1, 2000 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 **DC** ☐ Delete
 NAME **LEWIS, JAMES R JR**
 STREET ADDRESS **220 SW 32ND ST.**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

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

TITLE **DP** ☐ Delete
 NAME **LEWIS, STEPHEN R**
 STREET ADDRESS **220 SW 32ND ST.**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

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

TITLE **DT** ☐ Delete
 NAME **COLEMAN, CAROLYN**
 STREET ADDRESS **220 SW 32ND ST.**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33315**

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

TITLE **DS** ☐ Delete
 NAME **FRAM, SANDRA L**
 STREET ADDRESS **220 SW 32ND STREET**
 CITY-ST-ZIP **FT LAUDERDALE FL 33315**

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

TITLE **V** ☐ Delete
 NAME **LEWIS, ALICE O**
 STREET ADDRESS **220 SW 32ND ST**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33315**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

CAROLYN E. COLEMAN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROLYN E. COLEMAN

3/27/00 (954) 767-1261

Date

Daytime Phone #