2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 28, 2000 8:00 am **DOCUMENT # M93530** Secretary of State LEWIS HAULING & EXCAVATING, INC. 03-28-2000 90045 048 ***150.00 Mailing Address Principal Place of Business 1207 BAY DR. E 1207 BAY DR E INIDAN HARBOR BEACH FL 32937-4203 INDIAN HARBOR BEACH FL 32937 しりりなりすりつ 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 59-2900802 City & State Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Zip Country Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ROSSETTER, A. T. 268 N. BABCOCK ST. SUITE D **MELBOURNE FL 32935** Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Added to Fees Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition TITLE ☐ Delete TITLE ROGER, LEWIS NAME NAME STREET ADDRESS 1207 BAY DR E STREET ADDRESS CITY-ST-ZIP INDIAN HARBOR BCH FL CITY-ST-ZIP ☐ Change ☐ Addition TITLE **DVPS** ☐ Delete TITLE LEWIS, MICHELE NAME NAME STREET ADDRESS 1207 BAY DR E STREET ADDRESS CITY-ST-ZIP INDIAN HARBOR BCH FL CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 effect 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.