2001 UNIFORM BUSINESS REPORT (UBR)

FILED
01 APR -9 AM 7:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M97000000669

1. Entity Name
LEWIS E. WEEKS, L.L.C.

Note - Original lost

Principal Place of Business	Mailing Address
2 ALSTON ROAD PALM BEACH GARDENS FL 33418	2 ALSTON ROAD PALM BEACH GARDENS FL 33418

DO NOT WRITE IN THIS SPACE

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 [redacted]-1867501 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WEEKS, LEWIS E 2 ALSTON ROAD PALM BEACH GARDENS FL 33418	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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, type/printed name of registered agent and title if applicable — Registered Agent signature required if this is a change — Date

FILING FEE IS $30.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WEEKS, LEWIS E 2 ALSTON ROAD PALM BEACH GARDENS FL 33418 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WEEKS, MARION C 2 ALSTON ROAD PALM BEACH GARDENS FL 33418 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700004016947--9 -04/19/01--01010--015 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ESTEY, MARGARET L 2 ALSTON ROAD PALM BEACH GARDENS FL 33418 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Lewis E Weeks MGR member
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date