FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 27, 2002 8:00 am Secretary of State

05-27-2002 90428 013 ***158.75

DOCUMENT # POODOOOO10388

1. Entity Name
A+B LEWIS SERVICE INC.

	DO NOT WRITE	IN THIS SI	ACE		
2. Principal F	Place of Business DMiramanSt.	3. Mailing Address	amar St.	·	
Suite, Apt.		Suite, Apt. #, etc.	urnar () /-	DO NOT WRITE IN THIS SP.	ACE .
		65.06.5		4.55111	Table Bar
Ch COO	7 / /	Cocoa, F	ORINA	4. FEI Number 3595970	Applied For Not Applicable
Zip 2	Country County	Zip	Country County		8.75 Additional
<u> 327 </u>	1 BREVARD	32927	Brevanio	7. Name and Address of Current Registered A	e Required gent
	t de la companya de		Name		-
	DO NOT W	RITE	Street Address (P.O. Box Number is Not Acceptable)	
	IN THIS SE	ACE	4820	MIRAMAR ST.	***************************************
					Tin Code
Market and the	anste, con de la la come de se compagna German, a la come de l		City Cou	oa FL	Zip Code 32927
8. The above	named entity submits this statement for	the purpose of changing its	registered office or register	red agent, or both, in the State of Florida.	
CICALATURE.	Burcha L			4/	25-02
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signature required	t when reinstating) . DATE	<u> </u>
	oration is eligible to satisfy its Intangible	January 1 - M	ay 1- Fee is \$150.00 1, Fee is \$550.00	10. Election Campaign Financing	\$5.00 May Be
	requirement and elects to do so.	- Amended	I UBR is \$61.25	Trust Fund Contribution.	Added to Fees
11.	OFFICERS AND		le to Department of Sta	19 . f os i Dispendica Partica Sterila Sterila (Sec. Dispendica Indiana)	ekenaretikaro enara
TITLE •	AdB LEWIS SERVICE	INC. (P=)	THE CONTROL OF STREET		
NAME . STREET ADDRESS	LEWIS, BRENDA 4820 MIRAMARST.	-	NAME OF THE PROPERTY		el perdantementel tert freierer de metre le territere
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	COCOA FLORIDA	32927	STREET ADDRESS CHTY-ST-ZIP		
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NAME	COCOA FLORIDA CA PRESIDENT ALB LEWIS SERVICE		CHY ST BP.		
	COCOA, FLORIDA PRESIDENT ALB LEWIS SERVIC 4820 MINAMER ST.	P.) E INC.	CHY-ST-ZPP		
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:	
OLOHAN CITE	-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02

Daytime Phone