

**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 # P00000010388

1. Entity Name
A+B LEWIS SERVICE INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4820 Miramar St.

Suite, Apt. #, etc.

3. Mailing Address

4820 Miramar St.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Cocoa, Florida

City & State

Cocoa, Florida

4. FEI Number

59-3595970

Applied For

Not Applicable

Zip

32927

Country COUNTY

BREVARD

Zip

32927

Country COUNTY

BREVARD

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

LEWIS, BRENDA

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

4820 MIRAMAR ST.

City

Cocoa

FL

Zip Code

32927

**DO NOT WRITE
IN THIS SPACE**

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

Brenda Lewis

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-02

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	A+B LEWIS SERVICE INC. (P-) LEWIS, BRENDA 4820 MIRAMAR ST. COCOA, FLORIDA 32927
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT (P-) A+B LEWIS SERVICE INC. 4820 MIRAMAR ST. COCOA, FLORIDA 32927
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Brenda Lewis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-25-02

Daytime Phone #