

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-27-2002 90365 012 ***150.00

DOCUMENT # P00000063466

1. Entity Name

LEWIS CONCRETE, INC.

Principal Place of Business

**1239 AVE. I
 HAINES CITY FL 33844**

Mailing Address

**1239 AVE. I
 HAINES CITY FL 33844**

2. Principal Place of Business

921 Peninsular Dr.

3. Mailing Address

921 Peninsular Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Haines City, FL

City & State

Haines City, FL

Zip

33844

Country

Polk

Zip

33844

Country

USA

4. FEI Number

59-3653338

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LEWIS, CEDRIC EUGENE
 99 SIXTH STREET
 WINTER HAVEN FL 33880**

7. Name and Address of New Registered Agent

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

(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, 2002 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 **D** ☐ Delete
 NAME **LEWIS, CLAUDE EUGENE**
 STREET ADDRESS **1239 AVE. I**
 CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE **D** ☒ Change ☐ Addition
 NAME **Lewis, Claude Eugene**
 STREET ADDRESS **921 Peninsular Dr**
 CITY-ST-ZIP **Haines City, FL 33844**

TITLE **D** ☐ Delete
 NAME **LEWIS, VIRGINIA Y**
 STREET ADDRESS **1239 AVE. I**
 CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE **D** ☒ Change ☐ Addition
 NAME **Lewis, Virginia Y.**
 STREET ADDRESS **921 Peninsular Dr**
 CITY-ST-ZIP **Haines City, FL 33844**

TITLE **D** ☐ Delete
 NAME **LEWIS, CEDRIC EUGENE**
 STREET ADDRESS **2239 FIRESTONE PLACE**
 CITY-ST-ZIP **WINTER HAVEN FL 33844**

TITLE **D** ☒ Change ☐ Addition
 NAME **Lewis, Cedric Eugene**
 STREET ADDRESS **631 Heather Glen Loop**
 CITY-ST-ZIP **Winter Haven, FL 33884**

TITLE **D** ☐ Delete
 NAME **LEWIS, ALEXANDRA L**
 STREET ADDRESS **2239 FIRESTONE PLACE**
 CITY-ST-ZIP **WINTER HAVEN FL 33844**

TITLE **D** ☒ Change ☐ Addition
 NAME **Lewis, Alexandra L.**
 STREET ADDRESS **631 Heather Glen Loop**
 CITY-ST-ZIP **Winter Haven, FL 33884**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ 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:

Claude E. Lewis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-2-02

Date

(863) 412-1691

Daytime Phone #

CR2E034 (9/01)