

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

05-27-2002 90464 040 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P01000013978**

1. Entity Name  
**A & B LEWIS AND ASSOCIATES, INC.**

Principal Place of Business  
**4820 MIRAMAR ST  
 COCOA FL 32927**

Mailing Address  
**4820 MIRAMAR ST  
 COCOA FL 32927**

2. Principal Place of Business  
**4820 Miramar St**

3. Mailing Address  
**4820 Miramar St.**

Suite, Apt. #, etc.

City & State  
**Cocoa, Florida**

City & State  
**Cocoa, Florida**

Zip  
**32927**

Country

4. FEI Number  
**59-3697213**

Applied For  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LEWIS, ALONZO  
 4820 MIRAMAR ST  
 COCOA FL 32927**

7. Name and Address of New Registered Agent

Name  
**LEWIS, ALONZO**

Street Address (P.O. Box Number is Not Acceptable)  
**4820 MIRAMAR ST.**

City  
**Cocoa**

FL Zip Code  
**32927**

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: *Alonzo Lewis* DATE: **4-25-02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>A &amp; B LEWIS AND ASSOCIATES, INC. <input type="checkbox"/> Delete (P)</b> <b>ALONZO LEWIS</b> <b>4820 MIRAMAR ST.</b> <b>COCOA, Florida 32927</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT <input type="checkbox"/> Delete</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Alonzo Lewis* DATE: **4-25-02**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Daytime Phone #

CR2E034 (9/01)