5/17/2

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2002 8:00 am
Secretary of State
05-17-2002 90040 017 ***150.00

DOCUMENT # P01000031703 ✓

1. Entity Name

FLOYD PROPERTIES & INVESTMENTS INC.

DO NOT WRITE IN THIS SPACE

96925

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5645 Wolf Creek Dr.	5645 Wolf Creek Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville FL ~~32222~~	City & State: Jacksonville FL
Zip: 32222 Country: USA	Zip: 32222 Country: USA

4. FEI Number: 59-3709694 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MICHAEL LEWIS

Street Address (P.O. Box Number is Not Acceptable): 5645 WOLF CREEK DRIVE

City: JACKSONVILLE FL Zip Code: 32222

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: Michael Lewis, MICHAEL LEWIS 4/30/02
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) ☑

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	President/Treasurer - Michael Lewis 5645 Wolf Creek Drive Jacksonville FL 32222	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/S - Lesli Lewis 5645 Wolf Creek Drive Jacksonville FL 32222	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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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: Michael Lewis MICHAEL LEWIS 4/30/02 (904) 463-1985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #