

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90131 013 ***150.00

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1. Entity Name
LEWIS MAXWELL TRAINING CONSULTANTS, INC.



Principal Place of Business
**6100 28TH ST. S.
ST. PETERSBURG FL 33712**

Mailing Address
**6100 28TH ST. S.
ST. PETERSBURG FL 33712**



2. Principal Place of Business
2035 62nd TERRACE South
Suite, Apt. #, etc.

3. Mailing Address
2035 62nd TERRACE South
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
ST. PETERSBURG, FL
Zip
33712 Country
USA

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Zip
33712 Country
USA

4. FEI Number **59-3702121** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEWIS, RANDOLPH B
6100 28TH ST. S.
ST. PETERSBURG FL 33712

7. Name and Address of New Registered Agent

Name **Randolph B. Lewis**
Street Address (P.O. Box Number is Not Acceptable)
2035 62nd TERRACE South
City **ST. PETERSBURG** FL Zip Code **33712**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Randolph B. Lewis** **2-10-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE-NOW!!! FEE-IS-\$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DPST** ☐ Delete
NAME **LEWIS, RANDOLPH B**
STREET ADDRESS **6100 28TH ST. S.**
CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME **JANINE RUCKER BROWN**
STREET ADDRESS **2035 62nd TERRACE South**
CITY-ST-ZIP **ST. PETERSBURG, FL 33712**

TITLE ☐ Change ☒ Addition
NAME **BRITTANY N. LEWIS**
STREET ADDRESS **6100 28th STREET South**
CITY-ST-ZIP **ST. PETERSBURG, FL 33712**

TITLE ☐ Change ☒ Addition
NAME **CHRISTOPHER L. RUCKER**
STREET ADDRESS **2035 62nd TERRACE South**
CITY-ST-ZIP **ST. PETERSBURG, FL 33712**

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with another like empowered.

SIGNATURE: **Randolph B. Lewis** **2-10-03** **(727) 515-7321**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)