

FILED
May 01, 2003 8:00 am
Secretary of State


05-01-2003 90256 002 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

10094599

DOCUMENT # P02000028011

1. Entity Name
PLEWIS AUTOMOTIVE, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11602 N. DALE MARY
 Suite, Apt. #, etc.

3. Mailing Address
3166 TAMPA RD
 Suite, Apt. #, etc.
UNIT 10

City & State
TAMPA

City & State
OLDSMAR, FL

Zip
33618

Country
USA

Zip
34677

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
90-0053263

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
PETER H. LEWIS

Street Address (P.O. Box Number is Not Acceptable)
2662 McMULLEN BOOTH RD. 414

City
CLEARWATER

State
FL

Zip Code
33761

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

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 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 NAME STREET ADDRESS CITY-ST-ZIP	<u>P</u> <u>PETER H. LEWIS</u> <u>2662 McMULLEN BOOTH RD 414</u> <u>CLEARWATER, FL 33761</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Peter H. Lewis Date: 05/01/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E043 (12/02)