

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91458 028 \*\*\*150.00

0683201 FP

**DOCUMENT # P02000066732**

1. Entity Name  
**CENTRAL FLORIDA DOOR AND TRIM/MILLWORK COMPANY, INC.**



Principal Place of Business  
5100 NW 167 STREET  
92  
MIAMI FL 33017

Mailing Address  
P.O. BOX 693215  
NORWOOD FL 33169



2. Principal Place of Business  
*11800 Miramar Pkwy*  
Suite, Apt. #, etc.  
*Ste 162 Miramar*  
City & State  
*Florida*  
Zip  
*33025* Country  
*Broward*

3. Mailing Address  
*Central FL Door Trim/millwork*  
Suite, Apt. #, etc.  
*P.O. Box 693215*  
City & State  
*Norwood FL*  
Zip  
*33169* Country  
*Idade*

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number *592554831* Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**LEWIS, VICTOR S**  
**8626 WINDSOR DRIVE**  
**MIRAMAR FL 33025**  
*Victor S. Lewis*  
*10,000 Olive St*  
*Miramar Fl. 33025*

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

SIGNATURE *Victor S. Lewis*

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	P	<input type="checkbox"/> Delete
NAME	LEWIS, VICTOR S	
STREET ADDRESS	P.O. BOX 693215	
CITY-ST-ZIP	NORWOOD FL 33169	
TITLE	V	<input type="checkbox"/> Delete
NAME	LEWIS, EILEEN Y	
STREET ADDRESS	P.O. BOX 693215	
CITY-ST-ZIP	NORWOOD FL 33169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: *Victor S. Lewis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4-24-03 954331938*

CR2E034 (10/02)