

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

03-28-2003 90083 024 ***150.00

DOCUMENT # P02000078386

1. Entity Name
LEWIS PROPERTY RESOURCES, INC.



Principal Place of Business
**1578 CANARY ISLAND DR
WESTON FL 33327**

Mailing Address
**1578 CANARY ISLAND DR
WESTON FL 33327**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FEI Number

2A-3858273

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LEWIS, GERALD
1578 CANARY ISLAND DR
WESTON FL 33327**

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

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 **OWNER / PRESIDENT** ☐ Delete
NAME **GERALD LEWIS**
STREET ADDRESS **1578 CANARY ISLAND DR.**
CITY-ST-ZIP **WESTON, FL. 33327**

TITLE ☐ Delete
NAME **N/A**
STREET ADDRESS **N/A**
CITY-ST-ZIP **N/A**

TITLE ☐ Delete
NAME **N/A**
STREET ADDRESS **N/A**
CITY-ST-ZIP **N/A**

TITLE ☐ Delete
NAME **N/A**
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CITY-ST-ZIP **N/A**

TITLE ☐ Delete
NAME **N/A**
STREET ADDRESS **N/A**
CITY-ST-ZIP **N/A**

TITLE ☐ Delete
NAME **N/A**
STREET ADDRESS **N/A**
CITY-ST-ZIP **N/A**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **N/A**
STREET ADDRESS **N/A**
CITY-ST-ZIP **N/A**

TITLE ☐ Change ☐ Addition
NAME **N/A**
STREET ADDRESS **N/A**
CITY-ST-ZIP **N/A**

TITLE ☐ Change ☐ Addition
NAME **N/A**
STREET ADDRESS **N/A**
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STREET ADDRESS **N/A**
CITY-ST-ZIP **N/A**

TITLE ☐ Change ☐ Addition
NAME **N/A**
STREET ADDRESS **N/A**
CITY-ST-ZIP **N/A**

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

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

3/25/03
Date

(954) 384-7184
Daytime Phone #

CR2E034 (10/02)