

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0087202 AV

DOCUMENT # P02000124145

1. Entity Name  
LEWCO LIMITED CORP.



FILED

03 OCT 22 PM 4:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4261 N.W. 1ST. DRIVE  
DEERFIELD BEACH FL 33442

Mailing Address  
4261 N.W. 1ST. DRIVE  
DEERFIELD BEACH FL 33442



2. Principal Place of Business  
4960 Rothschild Drive  
Suite, Apt. #, etc.

3. Mailing Address  
4960 Rothschild Drive  
Suite, Apt. #, etc.

**REINSTATEMENT 03**  
CHECK HERE BEFORE MAKING CHANGES

City & State  
Coral Springs, FL  
Zip  
33067  
Country  
USA

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Coral Springs, FL  
Zip  
33067  
Country  
USA

4. FEI Number  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CRAIG, WILLIAM  
4262 N.W. 1ST. DRIVE  
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

Name  
Craig, William  
Street Address (P.O. Box Number is Not Acceptable)  
4960 Rothschild Drive  
City  
Coral Springs FL Zip Code  
33067

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	PT CRAIG, NICOLE 4261 1ST. DRIVE DEERFIELD BEACH FL 33442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CRAIG, WILLIAM 4261 1ST. DRIVE DEERFIELD BEACH FL 33442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Craig, Nicole 4960 Rothschild Drive Coral Springs	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Craig, William 4960 Rothschild Drive Coral Springs, FL 33067	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300024013693 10/22/03--01043--023 **750.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/03 904 650-3375  
Date Daytime Phone #

CR2E034 (4/03)