

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P37988**

1. Entity Name

LEWIS ADVERTISING OF TAMPA, INC.

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90039 048 \*\*\*150.00

Principal Place of Business

Mailing Address

1050 COUNTRY CLUB DR  
P. O. DRAWER L  
ROCKY MOUNT, NC 27802

P. O. DRAWER L  
ROCKY MOUNT, NC 27802

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

56-0928577

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

**RANDI GRANT**

Street Address (P.O. Box Number is Not Acceptable)

**2686 FIRESTONE DR**

**CLEARWATER, FL 33761**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CHAIRMAN	<input type="checkbox"/> Delete
NAME	GENE L. LEWIS	
STREET ADDRESS	1050 COUNTRY CLUB DR.	
CITY-ST-ZIP	ROCKY MOUNT, NC 27804	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	DONALD H. WILLIAMS, JR.	
STREET ADDRESS	1050 COUNTRY CLUB DR.	
CITY-ST-ZIP	ROCKY MOUNT, NC 27804	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	SANDRA A. PARKER	
STREET ADDRESS	1050 COUNTRY CLUB DR.	
CITY-ST-ZIP	ROCKY MOUNT, NC 27804	<input type="checkbox"/> Delete
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/00

252 443 5131

Date

Daytime Phone #

CR2E034 (9/99)