

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000014497

1. Entity Name

LEWIS COMPUTER SOLUTIONS, INC.

APPROVED
AND
FILED

00 MAR 13 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1920 S MONROE ST
TALLAHASSEE FL 32301
US

Mailing Address

1920 S MONROE ST
TALLAHASSEE FL 32301-5530
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3156294

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LEWIS, ROBERT H
1920 S MONROE STREET
TALLAHASSEE FL 32301

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.

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 PD ☐ Delete
NAME LEWIS, ROBERT H
STREET ADDRESS 1985C FAMILY LANE
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE Secretary ☒ Change ☐ Addition
NAME Lewis, Virginia
STREET ADDRESS 1913 Family Lane
CITY-ST-ZIP Tallahassee, FL 32311

TITLE VP ☐ Delete
NAME LEWIS, HAROLD
STREET ADDRESS 1985 FAMILY LANE
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE VP ☒ Change ☐ Addition
NAME Harold Lewis
STREET ADDRESS 1913 Family Lane
CITY-ST-ZIP Tallahassee, FL 32311

TITLE ST ☐ Delete
NAME LEWIS, VIRGINIA
STREET ADDRESS 1985 FAMILY LANE
CITY-ST-ZIP TALLAHASSEE FL

TITLE PD ☒ Change ☐ Addition
NAME Robert Lewis
STREET ADDRESS 150 Ann Circle
CITY-ST-ZIP Crawfordville, FL 32327

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Treasurer ☐ Change ☒ Addition
NAME Tracy Lewis
STREET ADDRESS 150 Ann Circle
CITY-ST-ZIP Crawfordville, FL 32327

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

2/29/00

Date

850/222-4418

Daytime Phone #

0051916

CR2E034 (9/99)