

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 16, 2000 8:00 am**  
**Secretary of State**  
 08-16-2000 90006 033 \*\*\*150.00

**DOCUMENT # P93000036666**

1. Entity Name

**LEWELLEN BROTHERS, INC.**

(R)

Principal Place of Business

1005 TURKEY HOLLOW CR  
 WINTER SPRINGS FL 32708  
 US

Mailing Address

1005 TURKEY HOLLOW CR  
 WINTER SPRINGS FL 32708  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3181473**

Applied For

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

**LEWELLEN, MICHAEL SR**  
**1005 TURKEY HOLLOW CIRCLE**  
**WINTER SPRINGS FL 32708**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**ST**  
**LEWELLEN, KATHLEEN M**  
**1005 TURKEY HOLLOW CR**  
**WINTER SPGS. FL**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
*President*  
*Mr Lewellen, Michael J*  
*1005 Turkey Hollow Cr.*  
*Winter Springs, FL 32708*

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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: *MICHAEL J LEWELLEN*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-00

407-466-8650  
 Date Daytime Phone #

attachment # P93000036666  
B0104580

Lewellen Brothers Inc.

8-1-00

To Whom it May Concern:

This is the only notice I have received from you. I usually am notified in the early part of the year. I did not receive notice from you. Your representative instructed me to pay the original fee of \$150<sup>00</sup>. No late charge would be assessed.

Sincerely,  
Michael L. Lamm