

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90175 019 ***550.00

000886 AV

DOCUMENT # P93000036666

1. Entity Name
LEWELLEN BROTHERS, INC.



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

☐ CHECK HERE IF MAKING CHANGES

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. 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 \$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

11. 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
**VP
Timothy L. Lewellen
1005 Turkey Hollow Cr.
Winter Springs, FL 32708** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
LEWELLEN, MICHAEL J
1005 TURKEY HOLLOW CR.
WINTER SPRINGS FL 32708** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
LEWELLEN, MICHAEL J JR
1005 TURKEY HOLLOW CIRCLE
WINTER SPRINGS FL 32708** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
LEWELLEN, MICHAEL J JR
1005 TURKEY HOLLOW CIRCLE
WINTER SPRINGS FL 32708** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
LEWELLEN, MICHAEL J JR
1005 TURKEY HOLLOW CIRCLE
WINTER SPRINGS FL 32708** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
LEWELLEN, MICHAEL J JR
1005 TURKEY HOLLOW CIRCLE
WINTER SPRINGS FL 32708** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
LEWELLEN, MICHAEL J JR
1005 TURKEY HOLLOW CIRCLE
WINTER SPRINGS FL 32708** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
LEWELLEN, MICHAEL J JR
1005 TURKEY HOLLOW CIRCLE
WINTER SPRINGS FL 32708** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
LEWELLEN, MICHAEL J JR
1005 TURKEY HOLLOW CIRCLE
WINTER SPRINGS FL 32708** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
LEWELLEN, MICHAEL J JR
1005 TURKEY HOLLOW CIRCLE
WINTER SPRINGS FL 32708** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
LEWELLEN, MICHAEL J JR
1005 TURKEY HOLLOW CIRCLE
WINTER SPRINGS FL 32708** ☒ Delete

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael Lewellen

8-15-03

Date

407-695-0993

Daytime Phone #

CR2E034 (4/03)