

DOCUMENT # P95 00000 5601

1. Entity Name  
E+E LEWIS Inc. W-13935

Principal Place of Business Mailing Address  
4527 S US 1 FT. PIERCE FL 34982

FILED  
00 JUN 12 AM 10:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country U.S. Zip Country

4. FEI Number 65-0553663 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

Name  
Street Address (P.O. Box Number is Not Acceptable)  
3000003325633--7  
-07/18/00--01004--026  
\*\*\*\*615.00 \*\*\*\*615.00  
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 *Edward F Lewis* EDWARD F LEWIS 5-16-2000

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 NAME STREET ADDRESS CITY-ST-ZIP	President Edward F. LEWIS 1065 SE PROCTOR LN PORT ST LUCIE FL 34983	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE President Edward F. LEWIS 1065 SE PROCTOR LN PORT ST LUCIE FL 34983	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY Edward F. LEWIS 1065 SE PROCTOR LN PORT ST LUCIE FL 34983	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER Edward F. LEWIS 1065 SE PROCTOR LN PORT ST LUCIE FL 34983	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LS <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Edward F Lewis* 5-16-2000 561-461-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2012

May 16, 2000

To Whom It May Concern -

This letter is an attempt to explain why we have not filed our annual report. When we moved we left a forwarding address with the Post Office, the majority of our mailed was forwarded, however the enclosed form was not. We thank you for taking this matter into consideration.

Respectfully Yours,



Edward F. Lewis