

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 20, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90059 036 \*\*\*150.00

0133666 SP

**DOCUMENT #** P95000073149

1. Entity Name  
**L.W.L. INC.**

Principal Place of Business  
**232 SR 312**  
**ST. AUGUSTINE FL 32086**

Mailing Address  
**232 SR 312**  
**ST. AUGUSTINE FL 32086**

2. Principal Place of Business  
**317 STATE ROAD 16**  
 Suite, Apt. #, etc.

3. Mailing Address  
**317 STATE ROAD 16**  
 Suite, Apt. #, etc.

City & State  
**ST AUGUSTINE FL**

City & State  
**ST AUGUSTINE FL**

Zip  
**32084-1944** Country  
**USA**

Zip  
**32084-1944** Country  
**USA**

4. FEI Number  
**59-3337818**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent **0000**

**LEWIS, NANCY J**  
**4780 A1A SOUTH, UNIT A-103**  
**ST. AUGUSTINE FL 32084**

7. Name and Address of New Registered Agent

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 *Nancy J. Lewis* (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 12, 2001 Fee 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIS, NANCY J 4780 A1A SOUTH, UNIT A-103 ST. AUGUSTINE FL 32084 - 0000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Lewis Nancy J</i> <i>317 1/2 State Rd 16</i> <i>St. Augustine FL 32084-0000</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *Nancy J. Lewis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (5/01)

Attachment  
P9504673149

L.W.L. LAMPS AND SHADES 100395

Ph. 904-829-9180  
233 State Road 312  
St. Augustine, FL 32086

60036914

2212

63-234/630

DATE 18 April 01

PAY  
TO THE  
ORDER OF

Division of Corporations  
One hundred fifty & <sup>no</sup>/<sub>100</sub>

\$150 <sup>00</sup>/<sub>100</sub>

DOLLARS

Security features  
included.  
Check on back.

SUNTRUST

SunTrust Bank, North Florida, N.A.  
Jacksonville, Florida  
TeleBank 24 (904) 632-2800

FOR

59-3337818

Nancy J. Lewis

⑈002212⑈ ⑆063002346⑆0224960001716⑈

⑈0000015000⑈

ENDORSE HERE

DEPARTMENT OF STATE  
FOR DEPOSIT ONLY  
ACCT # 1009068796

DO NOT SIGN / WRITE / STAMP BELOW THIS LINE  
FOR FINANCIAL INSTITUTION USAGE ONLY

APR 24 2001

2153 61622

BANK OF AMERICA NA JAX  
⑈0630000474 E5563 96 P09⑈  
04/27/01

5540410313

FEDERAL RESERVE BANK REGULATION CC

Security features on this document include a MicroPrint

MARY LOU PRESTON, CPA, PA

CERTIFIED PUBLIC ACCOUNTANT  
150 KENT ROAD, SUITE 1-B  
ST. AUGUSTINE, FLORIDA 32086

TELEPHONE (904) 797-2830

FAX (904) 797-5971

*attachment*

August 7, 2001

Uniform Business Report  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

RE: LWL, Inc. FEIN 59-3337818; Doc#P95000073149

To Whom It May Concern,

Pursuant to a telephone conference with Marquetta in your Reinstatements Department [(850) 245-6059] in reference to my above named client, it has come to my attention that there may have been a clerical error on the original Uniform Business Report filed by my client for 2001. Marquetta informed my office that LWL was sent a letter dated May 5, 2001 which indicated that a Florida corporation can not be its own Registered Agent. She also indicated that the signatory of the report, which she did not have a copy available, must have tried to change the Registered Agent information to be the Corporation itself. It is my assumption that Ms. Lewis, the President & Director of LWL, Inc, was attempting to change the mailing address of the Corporation, and not the Registered Agent designation. However, since there is no copy available and my client did not receive the letter from your office due to her change of mailing address, neither this office nor Marquetta of your office can be conclusive as to the actual clerical error.

Pursuant to Marquetta's suggestion, we are enclosing a second completed Uniform Business Report for 2001, and a copy of her canceled check as proof of timely filing of this report. Please accept this report, and the commentary above, as "timely filed" and please abate any late penalty that has accrued on this account.

*Attachment*

Thank you in advance for your time and attention to this matter. We appreciate your efforts in the abatement of the late charges imposed.

Sincerely,

*Mary Lou Preston*

Mary Lou Preston, CPA