

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000013695

1. Entity Name

THE LAW OFFICES OF JOSEPH R. LEWIS II, P.A.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90172 029 ***150.00

0475382

Principal Place of Business
P.O. BOX 301071
FERN PARK FL 32730-1071
US

Mailing Address
P.O. BOX 301071
FERN PARK FL 32730-1071
US

00066272



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **NOT APPLICABLE**

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, JOSEPH R II
661 IRIS ROAD
CASSELBERRY FL 32707

Name Lewis, Joseph R. II
Street Address (P.O. Box Number is Not Acceptable)

233 Shady Hollow
City Casselberry FL Zip Code 32707

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

Joseph R. Lewis II

4-10-01

(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, 2001 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 | D LEWIS, JOSEPH R II 661 IRIS ROAD CASSELBERRY FL 32707 | <input type="checkbox"/> Delete |
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|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Lewis, Joseph R. II 233 Shady Hollow Casselberry FL 32707 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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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

Joseph R. Lewis II

4-10-01 4073397248

Date

Daytime Phone #

CR2E034 (10/00)