Jul 09, 2003 8:00 am Secretary of State

FILED

07-09-2003 90033 005 ***150.00

2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P97000044071

1. Entity Name

DOCUMENT #

LEWIS BROTHERS PROPERTIES, INC.

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Principal Place of Business Mailing Address 919 NORTH US HIGHWAY 1 919 NORTH US HIGHWAY 1 FT PIERCE FL 34950 FT PIERCE FL 34950 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-0758390 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEWIS, EDWARD A SR Street Address (P.O. Box Number is Not Acceptable) 919 NORTH US HIGHWAY 1 FT PIERCE FL 34950 Zip Code City 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) FILE NOW!!! FEE IS \$550.00 \$5.00 May Be 9. Election Campaign Financing After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition TITLE ☐ Delete TITLE NAME LEWIS, EDWARD A SR NAME 919 NORTH US HIGHWAY 1 STREET ADDRESS STREET ADDRESS FT PIERCE FL 34950 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LEWIS, EDWARDN A JR. NAME STREET ADDRESS 919 NORTH US HIGHWAY 1 STREET ADDRESS FT PIERCE FL 34950 CITY-ST-ZIP CITY-ST-ZIP ~ Change. . . Addition ST ☐ Delete TITLE TITLE LEWIS, THOMAS D NAME NAME 919 NORTH US HIGHWAY 1 STREET ADDRESS STREET ADDRESS FT PIERCE FL 34950 CITY-ST-7IP CITY-ST-7IP ☐ Change Addition ☐ Detete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Detete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



919 NORTH US HIGHWAY 1 FORT PIERCE, FLORIDA 34950 PHONE (772) 464-0399 FAX (772) 489-3953

July 3, 2003

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, Fl 32302-1500

RE: 65-0758390 FEIN

TO WHOM IT MAY CONCERN:

Today, July 3, 2003, we received the <u>first notice</u> for 2003 FOR PROFIT CORPORATON UNIFORM BUSINESS REPORT.

We are enclosing our check in the amount of \$150.00 and the completed UBR.

THANK YOU

ED LEWIS

VICE-PRESIDENT