

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91558 027 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000107908			
1. Entity Name LEWIS PLAZA, INC.			
Principal Place of Business 4707 NW 53 AVE SUITE A GAINESVILLE FL 32606		Mailing Address 4707 NW 53 AVE SUITE A GAINESVILLE FL 32606	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WALLACE, HOWARD K JR. 4707 NW 53RD AVE STE A GAINESVILLE FL 32606		Name	
		Street Address (P.O. Box Number is Not Acceptable) 2707 NW 103 Way	
		City Gainesville	
		FL Zip Code 32606	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE	DP	<input type="checkbox"/> Delete	
NAME	WALLACE, HOWARD K JR.		
STREET ADDRESS	4707 NW 53 AVE, SUITE A		
CITY-ST-ZIP	GAINESVILLE FL 32606		
TITLE	DV	<input type="checkbox"/> Delete	
NAME	JENNINGS, EDWARD L JR.		
STREET ADDRESS	4707 NW 53 AVE, SUITE A		
CITY-ST-ZIP	GAINESVILLE FL 32606		
TITLE	ST	<input type="checkbox"/> Delete	
NAME	WALLACE, ANNE M		
STREET ADDRESS	4707 NW 53 AVE, SUITE A		
CITY-ST-ZIP	GAINESVILLE FL 32606		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: Anne M. Wallace <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Sec/Treasurer <small>Date</small> 4/9/02 <small>Daytime Phone #</small> 352-377-2240			

CR2E034 (9/01)