

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000020651**

1. Entity Name

SEAN LEWIS CONSTRUCTION, INC.**FILED****May 15, 2000 8:00 am**
Secretary of State

05-15-2000 90248 007 ***150.00

Principal Place of Business

Mailing Address

1551 ATLANTIC BOULEVARD #200
JACKSONVILLE FL 322071551 ATLANTIC BOULEVARD #200
JACKSONVILLE FL 32207-3368

2. Principal Place of Business

6869 Phillips Parkway Dr. S.
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3496121

Applied For

Not Applicable

Zip
32256Country
USAZip
32256Country
USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**SANDS, J K ESQ
1551 ATLANTIC BOULEVARD #200
JACKSONVILLE FL 32207**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

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE D ☐ Delete
NAME LEWIS, SEAN M
STREET ADDRESS 6869 PHILLIPS PARKWAY DRIVE SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32256TITLE D ☐ Delete
NAME JACOBSEN, JAMES J
STREET ADDRESS 6869 PHILLIPS PARKWAY DRIVE SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32256TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE D, P, T ☒ Change ☐ Addition
NAME Lewis, Sean M.
STREET ADDRESS 6869 Phillips Parkway Drive South
CITY-ST-ZIP Jacksonville, FL 32256TITLE D, S, VP ☒ Change ☐ Addition
NAME Jacobsen, James J.
STREET ADDRESS 6869 Phillips Parkway Drive South
CITY-ST-ZIP Jacksonville, FL 32256TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)