

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000053218

1. Entity Name

SONNY LEWIS CATERING SERVICE, INC.

Principal Place of Business

Mailing Address

1404 PROVIDENCE RD.
LAKELAND FL 33805

1410 MONTROSE AVE
LAKELAND FL 33805

2. Principal Place of Business

1404 Providence Rd

Suite, Apt. #, etc.

3. Mailing Address

1410 Montrose Ave

Suite, Apt. #, etc.

City & State

Lakeland Florida

City & State

Lakeland Florida

Zip

33805

Country

USA

Zip

33805-3378

Country

USA

4. FEI Number

59-3518802

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEWIS, GEORGE W
1410 MONTROSE AVE.
LAKELAND FL 33805

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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	LEWIS, GEORGE W	
STREET ADDRESS	1410 MONTROSE AVE.	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LEWIS, MARIE M	
STREET ADDRESS	1410 MONTROSE AVE.	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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		
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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: George W Lewis (PRES)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-01
Date

863-683-7686
Daytime Phone #

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90061 030 ***150.00

CUUU4471



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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