

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2003 8:00 am
Secretary of State

03-18-2003 90065 047 ***150.00

DOCUMENT # P98000069940

1. Entity Name

LEWALLEN MANAGEMENT COMPANY



Principal Place of Business

**741 37TH AVE NE
ST PETERSBURG FL 33704**

Mailing Address

**741 37TH AVE NE
ST PETERSBURG FL 33704**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3527120

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**GLEIM, HOLGER D
150 2ND AVE NORTH
SUITE 1100
SAINT PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

ST. Petersburg

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-17-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **GLEIM, HOLGER D**
STREET ADDRESS **150 2ND AVENUE NORTH, SUITE 1100**
CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE **TD** ☐ Delete
NAME **ARNDT, SCOTT A**
STREET ADDRESS **150 2ND AVE NORTH, SUITE 1100**
CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE ☐ Delete
NAME **[Signature]**
STREET ADDRESS **[Signature]**
CITY-ST-ZIP **ST. Petersburg FL 33704**

TITLE ☐ Delete
NAME **CYNTHIA LEWALLEN**
STREET ADDRESS **741-37TH AVE NE**
CITY-ST-ZIP **ST. PETERSBURG FL 33704**

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME **JANET LEWALLEN**
STREET ADDRESS **741-37TH AVE NE**
CITY-ST-ZIP **ST. Petersburg FL 33704**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME **CYNTHIA LEWALLEN**
STREET ADDRESS **741-37TH AVE NE**
CITY-ST-ZIP **ST. Petersburg FL 33704**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-17-03

CR2E034 (10/02)