

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State
 05-04-2001 90148 029 ***158.75

0530845

DOCUMENT # P99000018568

1. Entity Name

LEWIS HAND LABOR, INC.

Principal Place of Business

Mailing Address

393 W. 6TH ST.
 FROSTPROOF FL 33843

393 W. 6TH ST.
 FROSTPROOF FL 33843

2. Principal Place of Business

3. Mailing Address

64 Lincoln Street

64 Lincoln Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Frostproof, Florida

City & State

Frostproof, Florida

Zip **33843** Country **USA**

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4. FEI Number **59-3566010**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEWIS, DENNIS
3249 COURTNEY DR
LAKE WALES FL 33853

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 **Dennis Lewis**

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

(NOTE: Registered Agent signature required when recording)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **LEWIS, DENNIS**
 STREET ADDRESS **3249 COURTNEY DR**
 CITY-ST-ZIP **LAKE WALES FL 33853**

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

TITLE **VT** ☐ Delete
 NAME **LEWIS, SYLVIA Y**
 STREET ADDRESS **64 LINCOLN ST**
 CITY-ST-ZIP **FROSTPROOF FL 33843**

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

TITLE **S** ☐ Delete
 NAME **LEWIS, DIANE**
 STREET ADDRESS **393 W 6TH ST**
 CITY-ST-ZIP **FROSTPROOF FL 33843**

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ 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

Dennis Lewis

Date **4-24-01**

Daytime Phone #

863-528-1076

CR2E034 (10/00)