

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90234 038 ***158.75

DOCUMENT # P99000018568

1. Entity Name
LEWIS HAND LABOR, INC.



Principal Place of Business
**64 LINCOLN STREET
FROSTPROOF FL 33843
US**

Mailing Address
**64 LINCOLN STREET
FROSTPROOF FL 33843
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3566010**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☒ CHECK HERE IF MAKING CHANGES

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)

769 Hunt Drive

City **Lake Wales**

FL

Zip Code **33853-3540**

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.

Dennis Lewis, President 4-29-03
(NOTE: Registered Agent signature required when reinstating) DATE

**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

11. 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 **S/T** ☒ Change ☐ Addition
NAME **Lewis, Diane**
STREET ADDRESS **393 W 6th St.**
CITY-ST-ZIP **Frostproof, FL 33843**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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]* **Dennis Lewis**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03 863-528-1076
Date Daytime Phone #

CR2E034 (10/02)