

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90018 027 \*\*\*150.00

**DOCUMENT # P99000061096**

1. Entity Name

**CAVE VALLEY ENTERPRISES INC.**

Principal Place of Business

**1854 DINWOODY ST  
 ORLANDO FL 32839**

Mailing Address

**PO BOX 961  
 LAKE HAMILTON FL 33851**

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

**59-3588715**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**LEWIS, DESMOND  
 1854 DUNWOODY ST  
 ORLANDO FL 32839**

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, 2002 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LEWIS, DESMOND</b>	
STREET ADDRESS	<b>1854 DUNWOODY STREET</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32839</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LEWIS, KARON</b>	
STREET ADDRESS	<b>867 SANTO DOMINGO AVENUE</b>	
CITY-ST-ZIP	<b>PALM BAY FL 32908</b>	
TITLE	<b>VSTD</b>	<input type="checkbox"/> Delete
NAME	<b>LEWIS, REBECCA</b>	
STREET ADDRESS	<b>550 AVENUE T NE</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33881</b>	
TITLE	<b>DT</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WOOD, LASHONNA A</b>	
STREET ADDRESS	<b>550 AVENUE T NE</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33881</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KARON LEWIS</b>	
STREET ADDRESS	<b>1854 DUNWOODY STREET</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32839</b>	
TITLE	<b>VSTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REBECCA D. LEWIS</b>	
STREET ADDRESS	<b>P.O. Box 961</b>	
CITY-ST-ZIP	<b>LAKE HAMILTON, FL 33851</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WANDA HANTON</b>	
STREET ADDRESS	<b>P.O. Box 961</b>	
CITY-ST-ZIP	<b>LAKE HAMILTON, FL 33851</b>	
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: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Desmond Lewis*  
 Date: 8/63-5/55-0480  
 Daytime Phone #

CR2E034 (9/01)