

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90157 012 ***150.00

DOCUMENT # P99000078813

1. Entity Name
GEORGE G. LEWIS, P.A.

Principal Place of Business
POST OFFICE BOX 771485
ORLANDO FL 32877-1485

Mailing Address
POST OFFICE BOX 771485
ORLANDO FL 32877-1485



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4770 BISCAYNE BLVD
 Suite, Apt. #, etc.
1200

3. Mailing Address
4770 BISCAYNE BLVD
 Suite, Apt. #, etc.
1200

City & State
MIAMI FLORIDA

City & State
MIAMI, FLORIDA

4. FEI Number **59-3597728**

Applied For
 Not Applicable

Zip
33137
 Country
USA

Zip
33137
 Country
USA

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

6. Name and Address of Current Registered Agent

LEWIS, GEORGE G
11137 DORY COURT
ORLANDO FL 32837

7. Name and Address of New Registered Agent

Name **BRINKLEY, THOMAS & LEWIS, P.A**
 Street Address (P.O. Box Number is Not Acceptable)
SUITE 1200
4770 BISCAYNE BLVD
 City **MIAMI** FL Zip Code **33137**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4/26/02**

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	P	<input type="checkbox"/> Delete
NAME	LEWIS, GEORGE G	
STREET ADDRESS	11137 DORM P	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUITE 1200	
STREET ADDRESS	4770 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI, FL 33137	
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		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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

Date

Daytime Phone #

GEORGE G. LEWIS **4/26/02** **305 576 1011**

CR2E034 (9/01)