FILED 2000 UNIFORM BUSINESS REPORT (UBR) 5/30 Jun 21, 2000 8:00 am Secretary of State DOCUMENT # **P99000083179** 1. Entity Name H.G. LEWIS MASONRY, INC. 05-30-2000 90006 041 ***150.00 Principal Place of Business Mailing Address NW 32 AVE. 3921 NW 32 AVE. LAUDERDALE LAKES FL 33309-4901 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEj Number City & State Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name LEWIS, HUGH G Street Address (P.O. Box Number is Not Acceptable) 3921-NW-32-AVE. -LAUDERDALE LAKES FL 33309 City Zio 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 it applicable. (NOTE: Registered Agent signature required when rei .9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/99) [7] Change ☐ Addition TITLE Delete LEWIS, HUGH G NAME NAME STREET ADDRESS STREET ADDRESS 3921 NW 32 AVE. CITY-ST-ZIP CITY-ST-ZIP LAUDERDALE LAKES FL 33309 Delete TITLE Change Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP The Change ☐ Addition 'BD F me ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE Defete TITLE NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.