

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90010 012 ***150.00

DOCUMENT # S51312

1. Entity Name
LEWIS CONSOLIDATED, INC.

Principal Place of Business
**420 KINGSLEY AVE.
 ORANGE PARK FL 32073**

Mailing Address
**P O BOX 1351
 ORANGE PARK FL 32067**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
390 Hansen Ave
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Orange Park FL
 Zip
32065 Country
Clay

City & State
 Zip
 Country

4. FEI Number
59-4070349

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

**EVANS, SUSAN K
 420 KINGSLEY AVE
 ORANGE PARK FL 32073**

Name
 Street Address (P.O. Box Number is Not Acceptable)
390 HANSEN AVE
 City
Orange Park FL Zip Code
32065

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 **Susan K Evans**
Signature, typed or printed name of registered agent and title if applicable

DATE **2/3/02**
(NOTE: Registered Agent signature required when reinstating)

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 PST	<input type="checkbox"/> Delete
NAME EVANS, SUSAN	
STREET ADDRESS 420 KINGSLEY AVE	
CITY-ST-ZIP ORANGE PARK FL 32076	
TITLE VD	<input checked="" type="checkbox"/> Delete
NAME LEWIS, DAVID E.	
STREET ADDRESS 455 ATLANTIC BLVD.	
CITY-ST-ZIP ATLANTIC BEACH FL 32233	
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	
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: **Susan K Evans**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **2/3/02**
Date

Daytime Phone #

CR2E034 (9/01)