

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

2. Principal Place of Business

390 Hansen Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

Orange Park FL

City & State

4. FEI Number

59-4070349

Applied For

Not Applicable

Zip

Country

32065

Clay

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

EVANS, SUSAN K
420 KINGSLEY AVE
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

2/3/02

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PST
EVANS, SUSAN
420 KINGSLEY AVE
ORANGE PARK FL 32076

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VD
LEWIS, DAVID E.
455 ATLANTIC BLVD.
ATLANTIC BEACH FL 32233

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P.O. Box 1351
Orange Park FL 32076

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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

2/3/02

Date

Daytime Phone #

CR2E034 (9/01)