

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90124 020 \*\*\*150.00

DOCUMENT # F.00290

1. Entity Name

LEWIS, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2916 UNIVERSITY BLVDW.

3. Mailing Address

P.O. Box 23845

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

City & State

Jacksonville Florida

City & State

Jacksonville Florida

Zip

32217

Country

USA

Zip

32241

Country

USA

4. FEI Number

59-2033240

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

DAVID P. PODVIA, SR

Street Address (P.O. Box Number is Not Acceptable)

8708 ETHENS GLEN TERRACE

City

JACKSONVILLE

FL

Zip Code

32256

**DO NOT WRITE  
IN THIS SPACE**

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.

DAVID P. PODVIA, SR.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/02

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
PSTV  
PATRICIA A LEWIS  
2941 FOREST CIRCLE  
JACKSONVILLE, FL 32257

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PATRICIA A. LEWIS  
2941 FOREST CIRCLE  
JACKSONVILLE, FL 32257

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 4/22/02 (904) 733-7040

Date

Daytime Phone #