

4/28  
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**FILED**  
**Jul 02, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90046 019 \*\*\*150.00

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P00000048555**

1. Entity Name

**ANDERSON & LEWIS, INC.**

Principal Place of Business

7955 SOUTHWEST 6 COURT  
NORTH LAUDERDALE FL 33068

Mailing Address

7955 SOUTHWEST 6 COURT  
NORTH LAUDERDALE FL 33068

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-1009611

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1204 HAYG STREET  
TALLAHASSEE FL 32301-2636

*Lewis, James Jr*  
*7955 SW 6 CT*  
*N. Lauderdale, FL*  
*33068*

7. Name and Address of New Registered Agent

Name *James Lewis*

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

*7955 S.W. 6 CT*

City *N. Lauderdale*

FL

Zip Code *33068*

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

*James Lewis*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*5-15-01*

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, 2001 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          | <i>OWNER</i>                   | <input type="checkbox"/> Delete |
| NAME           | <i>James Lewis</i>             |                                 |
| STREET ADDRESS | <i>7955 SW 6 CT</i>            |                                 |
| CITY-ST-ZIP    | <i>N. Lauderdale, FL 33068</i> |                                 |
| TITLE          | <i>President</i>               | <input type="checkbox"/> Delete |
| NAME           | <i>James Lewis</i>             |                                 |
| STREET ADDRESS | <i>7955 SW 6 CT</i>            |                                 |
| CITY-ST-ZIP    | <i>N. Lauderdale, FL 33068</i> |                                 |
| TITLE          | <i>Director</i>                | <input type="checkbox"/> Delete |
| NAME           | <i>James Lewis</i>             |                                 |
| STREET ADDRESS | <i>7955 SW 6 CT</i>            |                                 |
| CITY-ST-ZIP    | <i>N. Lauderdale, FL 33068</i> |                                 |
| 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 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    |  |                                                                   |
| 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:

*James Lewis Jr*

Signature typed and printed name of officer or director

*4-21-01*

Date

*(954) 802-0090*

Daytime Phone

CR2034 (10/00)