

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90071 047 ***150.00

DOCUMENT # P00000083951 ✓
1. Entity Name AUDIE LEWIS CONSULTING, INC.,

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11451 Persimmon Court 3. Mailing Address 11451 Persimmon Court

Suite, Apt. #, etc.

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DO NOT WRITE IN THIS SPACE

City & State
Fort Myers, FL

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Fort Myers, FL

4. FEI Number
65-1060231

Applied For
Not Applicable

Zip
33913

Country
U.S.A.

Zip
33913

Country
U.S.A.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Audie Lewis

Street Address (P.O. Box Number is Not Acceptable)
11451 Persimmon Court

City Fort Myers FL Zip Code 33913

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 Audie Lewis, President

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

(NOTE: Registered Agent signature required when reinstating)

4/25/02

DATE

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 President
NAME Audie Lewis
STREET ADDRESS 11451 Persimmon Court
CITY-ST-ZIP Fort Myers, FL 33913
TITLE Secretary/Treasurer S/T
NAME Heather McPherson Lewis
STREET ADDRESS 11451 Persimmon Court
CITY-ST-ZIP Fort Myers, FL 33913

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IN THIS SPACE**

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 689, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Audie Lewis, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-418-3246

Date

Daytime Phone #

CR2E034B (12/01)