

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

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90105 021 ***150.00

DOCUMENT # P00000083951

1. Entity Name

AUDIE LEWIS CONSULTING, INC.,



DO NOT WRITE IN THIS SPACE

70025631

2. Principal Place of Business
11451 Persimmon Court

3. Mailing Address
11451 Persimmon Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Fort Myers, FL

City & State
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Audie Lewis, President

3/04/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Audie Lewis, President

3/04/03

239-418-2346

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)