
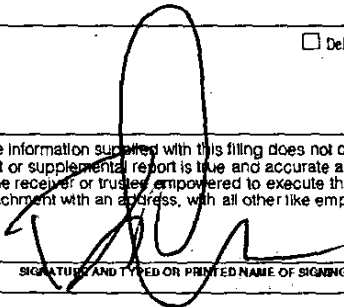


**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91451 048 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P0000117151</b>			
1. Entity Name <b>BRIAN L. LEWIS, INC.</b>			
Principal Place of Business <del>10275 COLLINS AVE #14255 BAL HARBOUR, FL 33154</del>		Mailing Address <del>10275 COLLINS AVE #14255 BAL HARBOUR, FL 33154</del>	
2. Principal Place of Business <b>16549 N.W. 16th St.</b>		3. Mailing Address <b>16549 N.W. 16th St.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Pembroke Pines, FL</b>		City & State <b>Pembroke Pines, FL</b>	
Zip <b>33028</b>	Country <b>US</b>	Zip <b>33028</b>	Country <b>US</b>
4. FEI Number <b>65-1063361</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>LEWIS, BRIAN L 10275 COLLINS AVE #14255 BAL HARBOUR, FL 33154</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>16549 N.W. 16th St.</b> City <b>Pembroke Pines FL</b> Zip Code <b>33028</b>	
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 Signature, typed or printed name of registered agent and UBR if applicable.		DATE (NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>LEWIS, BRIAN L</b> <del>10275 COLLINS AVE, #14180 BAL HARBOUR, FL 33154</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>16549 N.W. 16th St. Pembroke Pines, FL 33028</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (10/02)