

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)**

DOCUMENT # P00000117151

1. Entity Name  
**BRIAN L. LEWIS, INC.**



Principal Place of Business  
~~10275 COLLINS AVE #14255~~  
~~BAL HARBOUR, FL 33154~~

Mailing Address  
~~10275 COLLINS AVE #14255~~  
~~BAL HARBOUR, FL 33154~~

2. Principal Place of Business

**16549 N.W. 16th St.**

Suite, Apt. #, etc.

3. Mailing Address

**16549 N.W. 16th St.**

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
**Pembroke Pines, FL**  
Zip  
**33028**  
Country  
**US**

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**Pembroke Pines, FL**  
Zip  
**33028**  
Country  
**US**

4. FEI Number  
**65-1063361**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LEWIS, BRIAN L**  
~~10275 COLLINS AVE #14255~~  
~~BAL HARBOUR, FL 33154~~

7. Name and Address of New Registered Agent

Name

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

**16549 N.W. 16th St.**

City

**Pembroke Pines FL**

Zip Code

**33028**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**LEWIS, BRIAN L**  
~~10275 COLLINS AVE, #14180~~  
~~BAL HARBOUR, FL 33154~~

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**16549 N.W. 16th St.**  
**Pembroke Pines, FL 33028**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Case

Daytime Phone #

CR2E034 (10/02)