

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90177 040 \*\*\*150.00

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**DOCUMENT # P01000015426**

1. Entity Name  
**LEWIS & LEWIS PUBLISHING COMPANY**



Principal Place of Business  
**950 NW 141ST AVE., #108  
PEMBROKE PINES FL 33028**

Mailing Address  
**950 NW 141ST AVE., #108  
PEMBROKE PINES FL 33028**

2. Principal Place of Business  
**3921 SW 186th Ave**  
Suite, Apt. #, etc.

3. Mailing Address  
**3921 SW 186th Ave**  
Suite, Apt. #, etc.

City & State  
**MIRAMAR FL**

City & State  
**MIRAMAR Florida**

4. FEI Number **65-1106767**

Applied For  
Not Applicable

Zip Country  
**33029 USA**

Zip Country  
**33029 USA**

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

☒ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**LEWIS, YOLANDA**  
**950 NW 141ST AVE., #108**  
**PEMBROKE PINES FL 33028**  
**3921 SW 186th Ave**  
**MIRAMAR FL 33029**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **11/30/03**

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **D** ☐ Delete  
NAME **LEWIS, YOLANDA**  
STREET ADDRESS **950 NW 141ST AVE., #108**  
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE ☒ Change ☐ Addition  
NAME **3921 SW 186 Ave**  
STREET ADDRESS **MIRAMAR FLORIDA 33029**  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **LEWIS, NIGEL**  
STREET ADDRESS **950 NW 141ST AVE., #108**  
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE ☒ Change ☐ Addition  
NAME **3921 SW 186 Ave**  
STREET ADDRESS **MIRAMAR FLORIDA 33029**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11/30/03**

Daytime Phone # **954 442 2919**

CR2E034 (10/02)