

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000113909

1. Entity Name

Joseph M. Lewis Group Holdings Inc.

FILED

03 JUL 25 PM 3:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

21 P.O. Box 16206

P.O. Box 16206

Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

City & State

27 City & State

4. FEI Number

Applied For

23 Plantation FL

Plantation, FL

65-1156367

Not Applicable

Zip County

28 Zip County

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

24 33318

25

33318

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Corporate Creations Network Inc.  
941 Fourth Street #200  
Miami Beach, FL 33139

81

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83

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FL

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME Lewis, Joseph M.  
STREET ADDRESS P.O. Box 16206  
CITY-ST-ZIP Plantation, FL 33318 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VP  
NAME Lewis, Samuel B.  
STREET ADDRESS P.O. Box 16206  
CITY-ST-ZIP Plantation, FL 33318 ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE S  
NAME Lewis, Linda  
STREET ADDRESS P.O. Box 16206  
CITY-ST-ZIP Plantation, FL 33318 ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

600021787096

13. I do 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 annual report or supplemental annual 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 11 or Block 12, or on attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Samuel B. Lewis, Vice President

JULY 24, 2003

4/2

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X

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: Joseph M. Lewis Group Holdings Inc.

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. 150 check payable to Florida Department of State

We never received the Uniform Business Report that should have been mailed to us. Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: Samuel B. Lewis, V.P.  
Samuel B. Lewis, Vice President

Name: Samuel B. Lewis

Title: Vice President

Date: JUL 24, 2023

**FLORIDA FILING & SEARCH SERVICES, INC.**  
**P.O. BOX 10662 TALLAHASSEE, FL 32302**  
**PHONE: (850) 668-4318 FAX: (850) 668-3398**

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DATE: 07-25-03

NAME: JOSEPH M. LEWIS GROUP, INC.

TYPE OF FILING: UBR

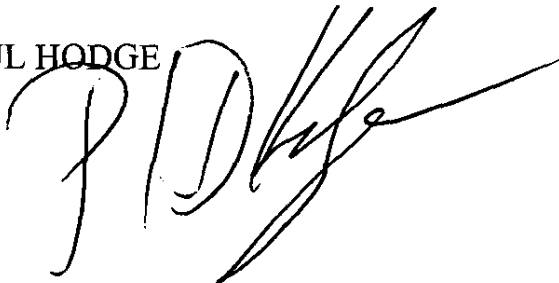
COST: \$158.75

RETURN: GOOD STANDING

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

A handwritten signature in black ink, appearing to read 'P. Hodge', is written over the printed name 'ABBIE/PAUL HODGE'.