

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

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

05-19-2003 90210 017 \*\*\*150.00

DOCUMENT # **P 02 0000 43091**

1. Entity Name

**STEEL IMPRESSIONS, INC**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1755 W. BRANDON BLVD**

3. Mailing Address

Suite, Apt. #, etc.

**H**

Suite, Apt. #, etc.

City & State

**BRANDON, FL**

City & State

Zip

**33511**

Country

**USA**

Zip

Country

4. FEI Number

**04-3651947**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**90136533**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current 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

**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  
**JOSHUA JOSHUA T. LEWIS (CP)**  
**213 RED MAPLE PLACE**  
**BRANDON, FL. 33510**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOSHUA LEWIS**

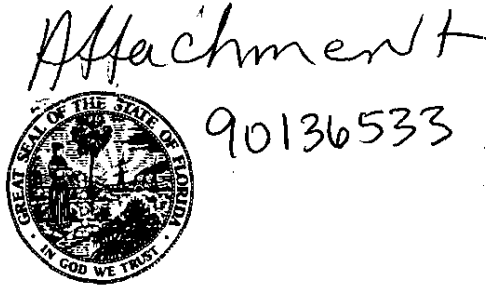
**5/15/03**

Date

**561-373-8492**

Daytime Phone #

CR2E034B (12/02)



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 9, 2003

STEEL IMPRESSIONS INC.  
1755 W. BRANDON BLVD.  
STE. H  
BRANDON, FL 33511

SUBJECT: ~~STEEL IMPRESSIONS INC.~~  
Ref. Number: P02000043091

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.

Please return the corrected documents to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/vrn  
ANNUAL REPORTS SECTION

Letter number: 403A00021171

Director's Office