FILED
Jun 16, 2003 8:00 am
Secretary of State
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05-05-2003 90335 001 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000090898

1. Entity Name
E. LEWIS & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
4826 INDIALANTIC DR. ORLANDO FL 32808	4826 INDIALANTIC DR. ORLANDO FL 32808

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 81-0568488 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEWIS, ELLA 4826 INDIALANTIC DR. ORLANDO FL 32808	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's 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Virginia Lewis-Whittington 6512 Kristin Ct. Orlando, Fla 32818 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Officer Stacey Whittington 6512 Kristin Ct. Orlando, Fla 32818 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Officer Eugene Lewis Sr. 4826 Indialantic Dr. Orlando, Fla 32808 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Officer Phyllis King 11085 NW 27th Pl Sunrise, Fla 33322 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Officer Michael Lewis 4826 Indialantic Dr. Orlando, Fla 32808 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Officer Sonny King 11015 NW 27th Pl Sunrise, Fla 33322 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Officer Eugene Lewis Jr. 269 meadowbrook ave Orlando Fla 32808 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Officer Pamela Green 5107 Indialantic Dr. Orlando, Fla 32808 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Officer Sharon Spencer 6584 Meritmoor Cir Orlando Fla 32818 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Officer Nikita Green 5107 Indialantic Dr. Orlando Fla 32808 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: Ella Lewis PRES/T.D. Lewis 5/1/03 407-297-8001
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #