

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90331 042 ***150.00

DOCUMENT # P02000103930

1. Entity Name
VLEWIS, INC.



Principal Place of Business
454 DEVON PLACE
HEATHROW FL 32746
US

Mailing Address
454 DEVON PLACE
HEATHROW FL 32746
US



2. Principal Place of Business

1064 S.R. 436

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

CASSELBERRY FL

City & State

4. FEI Number

16-16 29 365

Applied For

Not Applicable

Zip

32707

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEWIS, VICTORIA C
754 HADDONSTONE CIRCLE
APT. # 202
HEATHROW FL 32746

7. Name and Address of New Registered Agent

Name
LEWIS, VICTORIA C.
Street Address (P.O. Box Number is Not Acceptable)
454 DEVON PLACE
City HEATHROW FL Zip Code 32746

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

FILE NOW!!! FEE IS \$550.00
After September 10, 2003, Fee will be \$750.00
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 DIR.
STREET ADDRESS LEWIS, VICTORIA C.
CITY-ST-ZIP 754 HADDONSTONE CIRCLE APT. # 202
HEATHROW FL 32746 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME DIR.
STREET ADDRESS LEWIS, VICTORIA C.
CITY-ST-ZIP 454 DEVON PLACE
HEATHROW FL 32746 ☒ Change ☐ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

VICTORIA C. LEWIS 7-8-03 407-331-0727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

10110009

#P02000103930

July 8, 2003

Dear Sir/Maa'm

I apologize for filing this report late, but this is the first time I've gotten this form. I never received the first notice. I moved to a new house and the mail may have been delivered to my old address which I never got.

Thank you for your understanding. Enclosed is my \$150.00 filing fee.

Sincerely,



Victoria C. Lewis, Director