

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

4/31

FILED
May 26, 2004 8:00 am
Secretary of State

04-30-2004 90327 013 ***150.00

DOCUMENT # *P03000005298*

1. Entity Name

A. LEWIS FILM, INC



DO NOT WRITE IN THIS SPACE

66424311

2. Principal Place of Business

8189 SE 76th AVE

Suite, Apt. #, etc.

3. Mailing Address

8189 SE 76th AVE

Suite, Apt. #, etc.

City & State

TRENTON FL

City & State

Trenton FL

4. FEI Number

51 0441289

Applied For

Not Applicable

Zip

32693

Country *Gilchrist*

USA

Zip

32693

Country *Gilchrist*

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Duncan Jones

Street Address (P.O. Box Number is Not Acceptable)

2010 South Main street

City

High Springs

FL

Zip Code

32643

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 renewing)

DATE

January 1, May 1 Fee is \$150.00

After May 1 Fee is \$500.00

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 *President & Chairman of the Board*
NAME *April Lewis*
STREET ADDRESS *8189 South East 76 Avenue*
CITY-ST-ZIP *Trenton, Florida, 32693*

TITLE *Secretary*
NAME *April Lewis*
STREET ADDRESS *8189 South East 76 Avenue*
CITY-ST-ZIP *Trenton, Florida, 32693*

TITLE *Treasurer*
NAME *April Lewis*
STREET ADDRESS *8189 South East 76 Avenue*
CITY-ST-ZIP *Trenton, Florida, 32693*

TITLE
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CITY-ST-ZIP

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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

4/8/04

Date

(323) 572-5957

Daytime Phone #

CR2E034B (12/02)