

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000014497

1. Entity Name

LEWIS DIGITAL, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90247 016 ***150.00

Principal Place of Business

1920 S MONROE ST
TALLAHASSEE FL 32301
US

Mailing Address

1920 S MONROE ST
TALLAHASSEE FL 32301
US

645435



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3156294

Applied For

Not Applicable

Zip

Country

Zip

Country

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, ROBERT H
1920 S MONROE STREET
TALLAHASSEE FL 32301

Name Tracy B. Lewis

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

1920 S. Monroe St

City Tallahassee

Zip Code 32301

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.

SIGNATURE: Tracy B. Lewis, President Tracy B. Lewis, Pres. 4/20/01

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature is required when re-appointing)

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, 2001 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 PD
NAME LEWIS, ROBERT H
STREET ADDRESS 150 ANN CIRCLE
CITY-STATE-ZIP CRAWFORDVILLE FL 32327 ☐ Delete

TITLE PD
NAME Tracy B. Lewis
STREET ADDRESS 150 Ann Circle
CITY-STATE-ZIP CRAWFORDVILLE, FL 32327 ☒ Change ☐ Addition

TITLE VP
NAME LEWIS, HAROLD
STREET ADDRESS 1913 FAMILY LANE
CITY-STATE-ZIP TALLAHASSEE FL 32311 ☐ Delete

TITLE VP
NAME Robert H. Lewis
STREET ADDRESS 150 Ann Circle
CITY-STATE-ZIP CRAWFORDVILLE, FL 32327 ☒ Change ☐ Addition

TITLE S
NAME LEWIS, VIRGINIA
STREET ADDRESS 1913 FAMILY LANE
CITY-STATE-ZIP TALLAHASSEE FL 32311 ☐ Delete

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

TITLE T
NAME LEWIS, TRACY
STREET ADDRESS 150 ANN CIRCLE
CITY-STATE-ZIP CRAWFORDVILLE FL 32327 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

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

13. 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 11 or Block 12; changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Tracy B. Lewis, Pres. Tracy B. Lewis, President 4/20/01 850-222-4418

CR2E034 (10/00)