2001 UNIFORM BUSINESS REPORT (UBR)

May 25, 2001 8:00 am Secretary of State DOCUMENT # P97000033216 1. Entity Name 05-25-2001 90286 018 ***150.00 BRIAN LEWIS INSURANCE AGENCY, INC. Principal Place of Business Mailing Address 2327 WEST US 90 2327 WEST L'S 90 LAKE CITY FL 32055 LAKE CITY FL 32055 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3448479 Not Applicable \$8:75 Additional Country Zip. Zio. 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEWIS, MEVELYN L Street Address (P.O. Box Number is Not Acceptable) 2327 WEST US 90 LAKE CITY FL 32055 Zip Code City 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida. SIGNATURE (NOT: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW: 1 FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 20 11 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payal le to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME LEWIS, MEVELYN L STREET ADDRESS STREET ADDRESS 26260 US 129 CITY-ST-ZIP CITY-ST-ZIP **BRANFORD FL 32008** ☐ Addition Change TITLE ☐ Delete LEWIS, BRIAN THOMAS NAME NAME STREET ADDRESS STREET ADDRESS RT. 1 BOX 780 CITY-ST-ZIP CITY-ST-ZIP **BRANFORD FL 32008** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

SIGNATURE: Z

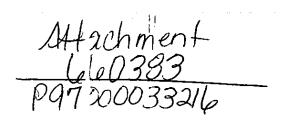
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13. I hereby certify that the information supplied with this filing does not qualify to indicated on this report or supplemental report is true and accurate and that report is true and accurate and that report is true and accurate and that report is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CR2E034 (10/00)

FILED



May 22, 2001

Florida Department of State Division of Corporations P.O. Box 1500 Tallahassee, Florida 32302-1500

RE: Late filing of 2001 Uniform Business Report

Please accept this letter as a formal apology for this report being late. I hope that you will accept my apology, understand the reason and be compassionate enough to waive the late filing fee. In February I tore my rotator cuff and had to have surgery. I had complications from this surgery which required me to be unable to work for three months rather than the estimated three weeks. I am the owner and bookkeeper of this corporation. For the first time in 31 years, my husband and I had to file an extension on our federal tax return because of this surgery. This UBR was in with my federal tax forms to be taken to our tax preparer. I never once thought about it until I met with my preparer and began to give her my federal forms and saw this un-filed report.

If you need documented proof of the surgery, please let me know and I will provide it. Please consider this a plea to waive the \$400.00.

Sincerely,

Mevelyn L. Lewis

Brian Lewis Insurance Agency Inc.

P O Box 6

Branford, Florida 32008

386-935-2000