

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2001 8:00 am
Secretary of State

05-25-2001 90286 018 ***150.00

DOCUMENT # P97000033216

1. Entity Name

BRIAN LEWIS INSURANCE AGENCY, INC.

Principal Place of Business

2327 WEST US 90
LAKE CITY FL 32055

Mailing Address

2327 WEST US 90
LAKE CITY FL 32055

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 **59-3448479**

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, MEVELYN L
2327 WEST US 90
LAKE CITY FL 32055

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOT Registered Agent signature required when reinstating)

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 ☐ Delete
NAME **DP**
STREET ADDRESS **LEWIS, MEVELYN L**
CITY-ST-ZIP **26260 US 129**
BRANFORD FL 32008

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

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **LEWIS, BRIAN THOMAS**
CITY-ST-ZIP **RT. 1 BOX 780**
BRANFORD FL 32008

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

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

13. I hereby certify that the information supplied with this filing does not qualify for
indicated on this report or supplemental report is true and accurate and that I
of the corporation or the receiver or trustee empowered to execute this report
changed, or on an attachment with an address, with all other like empowered

the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information
signature shall have the same legal effect as if made under oath; that I am an officer or director
is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

Mevelyn L. Lewis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mevelyn Lewis

5/18/01
Date

386935-2000
Daytime Phone #

CR2E034 (10/00)

Attachment
660383
P97200033216

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