

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000021885

1. Entity Name
LAURA S. LEVE, P.A.FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90172 021 ***150.00

Principal Place of Business

2709 KILLARNEY WAY
STE 5
TALLAHASSEE FL 32308

Mailing Address

2709 KILLARNEY WAY
STE 5
TALLAHASSEE FL 32308

2. Principal Place of Business

2709 Killarney way
Suite, Apt. #, etc.
Suite 1

3. Mailing Address

2709 Killarney way
Suite, Apt. #, etc.
Suite 1

City & State

Tallahassee, FL

Zip

32309

Country

USA

City & State

Tallahassee, FL

Zip

32309

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3645689

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEVE, LAURA S ESQ.
2355 MERRIGAN PL.
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

32309

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

Laura S. Leve Laura S. Leve, owner

3-14-02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME LEVE, LAURA S
STREET ADDRESS 2709 KILLARNEY WAY STE 5
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 2709 Killarney way, Suite 1
CITY-ST-ZIP Tallahassee, FL 32309 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Laura S. Leve

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-02 850-894-6265

Date

Daytime Phone #

CR2E034 (9/01)