

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


APPROVED
AND
FILED

03 SEP 10 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000099039

1. Entity Name
LEVEL FIVE, INC.



Principal Place of Business
2320 TAMiami TRl
UNIT 7
PORT CHARLOTTE, FL 34243 US

Mailing Address
6230 BONAVENTURE COURT
SARASOTA, FL 34243 US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
4462 Friar Tuck Ln.
Suite, Apt. #, etc.

City & State
Sarasota, FL

Zip
34243

Country
USA



*CHECK HERE IF MAKING CHANGES

5. Name and Address of Current Registered Agent
**HARRELL, DONALD J
1776 RINGLING BOULEVARD
SARASOTA, FL 34236**

7. Name and Address of New Registered Agent
Name **Victor Sabattini**
Street Address (P.O. Box Number is Not Acceptable)
4462 Friar Tuck Ln.
City **Sarasota** FL Zip Code **34243**

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]* **Victor Sabattini** DATE **9-5-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

10. OFFICERS AND DIRECTORS

TITLE **DPST** Delete
NAME **SABATTINI, VICTOR**
STREET ADDRESS **4462 FRIAR TUCK LANE**
CITY-ST-ZIP **SARASOTA, FL 34243**

TITLE Delete
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CITY-ST-ZIP

4. FEI Number **65-0817533** Applied For
66-0487533 Not Applicable

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

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

100022894441
09/09/03--01109--002 **550.00

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **9-5-07** **941.587-8555**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)