

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90195 049 ***150.00

DOCUMENT # S26791

1. Entity Name
NEWMAN, LEVINE & METZLER, P.A.

| | |
|--|--|
| Principal Place of Business 400 NORTH TAMPA STREET STE 2900 TAMPA FL 33602 US | Mailing Address 400 NORTH TAMPA STREET STE 2900 TAMPA FL 33602 US |
|--|--|

C0012802



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | | | |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number 59-3046311 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |

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

6. Name and Address of Current Registered Agent
LEVINE, ROBERT A.
400 N TAMPA ST
STE 2900
TAMPA FL 33602

7. Name and Address of New Registered Agent
 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]* **Vice President** **1/17/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 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 NAME STREET ADDRESS CITY-ST-ZIP | DP LEVINE, ROBERT A. 400 N TAMPA ST STE 2900 TAMPA FL 33602 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV NEWMAN, MITCHELL M. 400 N TAMPA ST STE 2900 TAMPA FL 33602 | <input type="checkbox"/> Delete | DVS |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS METZLER, DEBRA M. 400 N TAMPA ST STE 2900 TAMPA FL 33602 | <input type="checkbox"/> Delete | DP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT SHANKMAN, DAVID S. 400 N TAMPA ST STE 2900 TAMPA FL 33602 | <input checked="" type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | |

| | | |
|--|--|--|
| | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | <input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **ROBERT A LEVINE** **1/17/01** **813-221-8110**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)