

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

3. Mailing Address

4462 Friar Tuck Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sarasota, FL

Zip

Country

Zip
34243

Country
USA

4. FEI Number 65-0817533
66-0487533

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. 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

Victor Sabattini

9-5-03

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$650.00

Amended UBR is \$64.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
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NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-5-07

Date

941-587-8555

Daytime Phone #

APPROVED
AND
FILED

03 SEP 10 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



*CHECK HERE IF MAKING CHANGES

CR2034 (10/02)