

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State
 04-11-2002 90699 045 ***150.00

0306833 AV

DOCUMENT # 232670

1. Entity Name

FLORIDA LEVEL & TRANSIT CO., INC.

Principal Place of Business

**809 PROGRESSO DR.
 FT LAUDERDALE FL 33304
 US**

Mailing Address

**809 PROGRESSO DR.
 FT LAUDERDALE FL 33304
 US**

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

59-0905860

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

**MACDONALD, RICHARD J.
 3020 N.E. 41ST STREET
 FORT LAUDERDALE FL 33308**

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.

(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, 2002 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 **C** ☐ Delete
 NAME **MACDONALD, J RICHARD**
 STREET ADDRESS **3020 NE 41 STREET**
 CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **Fearon, Gregory**
 STREET ADDRESS **12943 Hyland Circle**
 CITY-ST-ZIP **Boca Raton, FL** ☐ Change ☐ Addition

TITLE **D** ☒ Delete
 NAME **WEHREBERG, JAMES A**
 STREET ADDRESS **1984 WILDWOODLAND N**
 CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE **STD** ☐ Delete
 NAME **BURK, CLARA E**
 STREET ADDRESS **5550 SW 39TH STREET**
 CITY-ST-ZIP **DAVE FL**

TITLE **D** ☐ Delete
 NAME **FINTAK, ROBERT A.**
 STREET ADDRESS **2108 N.E. 17 TERRACE**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **D** ☐ Delete
 NAME **NETTLES, ROBERT L.**
 STREET ADDRESS **1801 NW 40 STREET**
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **P** ☐ Delete
 NAME **MCKAY, TERRY S**
 STREET ADDRESS **20810 SONETO DR**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **P** ☐ Delete
 NAME **MCKAY, TERRY S**
 STREET ADDRESS **20810 SONETO DR**
 CITY-ST-ZIP **BOCA RATON FL 33433**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Clara E. Burk
 4/11/02 954-763-5300

CR2E034 (9/01)