

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90011 017 ***150.00

DOCUMENT # 283335

1. Entity Name

LEVELOT, INC.

00009334



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**N HOGAN ST
 100
 JACKSONVILLE FL 32202-1367**

**201 N HOGAN ST
 STE 100
 JACKSONVILLE FLA 32202-4203
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 100A

Suite, Apt. #, etc.

Suite 100A

City & State

City & State

4. FEI Number

59-1056630

Applied For

Not Applicable

Zip

Country

Zip

Country

32202-1367

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**JARRELL, JOY W
 201 N HOGAN ST
~~STE 100~~ SUITE 100A
 JACKSONVILLE FL 32202**

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, 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, 2000 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 | PD REINSTINE, FRANKLIN 201 N HOGAN ST STE 100 JACKSONVILLE FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S JARRELL, JOY W 201 N HOGAN ST STE 100 JACKSONVILLE FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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|--|--|---------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | 201 N Hogan Street, Suite 100A |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | 201 N Hogan Street, Suite 100A |
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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:

LEVELOT, INC.

FRANKLIN REINSTINE, PRESIDENT/DIRECTOR

JANUARY 18, 2000

Date

904-356-8447

Daytime Phone #

CR2E034 (9/99)