

2002

01/02 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY 21 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 444724
 1. Entity Name
CARMEN LEVO CONSTRUCTION Co, INC

DO NOT WRITE IN THIS SPACE

400005677824--0
 -06/04/02--01061--019
 ****150.00 ****150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5609 HYDE PARK CIR
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL

City & State

Zip 32210 Country _____

4. FEI Number
59-1519497

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name CARMEN LEVO

Street Address (P.O. Box Number is Not Acceptable)
5609 HYDE PARK CIRCLE

City JACKSONVILLE FL Zip Code 32210

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 C. Levo DATE 4-27-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PRESIDENT CARMEN LEVO 5609 HYDE PARK, CIR JACKSONVILLE, FL 32210</u>
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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Handwritten initials/signature

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 on an attachment with an address, with all other like employed.

SIGNATURE: C. Levo DATE 4-27-02 DAYTIME PHONE # 904-272-0410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)