## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## 444724 DOCUMENT #

1. Entity Name

CARMEN LEVO CONSTRUCTION CO., INC.



FILED Feb 12, 2003 8:00 am Secretary of State

02-12-2003 90091 024 \*\*\*150.00

September   Sept													
Suite, Act. # etc.  City & State  Country  Zop  Country  Soc	5609 HYDE PA JACKSONVILL	ARK CIR		5609 I	HYDE PARK CIR								
City & State  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  A. FEI Number S9-1519497  Set Addisonal Status Desired  Set Addisonal Status Desired  Set Addisonal Set Addisonal Foot Required  Agent  To. Name and Address of New Registered Agent  Street Address (P.O. Bax Number is Not Acceptable)  Street Address (P.O. Ba	2. Principal P	Place of Busin	ess	3. Mail	3. Mailing Address					<b>             </b>	81811 81831 <b>818</b> 11 84	BAR BARIN IBBA	
Zip Country Zip Country 5. Certificate of Status Desired St. 5. Application Foo Required Foo Req	Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
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LEVO, CARMEN 5699 HYDE PARK CIR JACKSONVILLE FL 32210  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  City FL Statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a time obligations of registered agent.  SCRIATURE  Spoulure, spend or presed named from the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a time obligations of registered agent.  SCRIATURE  Spoulure, spend or presed name of registered agent		6. Name	and Address of Curren	t Registere	d Agent	}		7. Ne	me and Address of New Ro	gistered	Agent		
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ACKSONVILLE FL 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 Florids. I am familiar with, and a time obligations of registered agent and their applicable. (NOTE Registered Agent spirature regulate when releasing)  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  THE NAME STREET ADDRESS OTH ST. 2P  LEVO, CARMEN STREET ADDRESS OTH ST. 2P  ANALY STREET ADDRESS OTH ST. 2P  CHANGES OTH ST. 2P  CHANGE STREET ADDRESS OTH ST. 2P  CHANGES OTH ST. 2P  CHANGE OTH ST. 2P  CHANGES OTH ST. 2P  CHAN			<b>.</b>		Street Address			(P.O. Box Number is Not Acceptable)					
8. The above named ontity 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 a the obligations of registered agent.  SIGNATURE    Signature, hope or printed name if registered agent and time it applicable.   DOTE: Registered Agent algorithms required when reinstating)	•												
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12. I hereby certify that the information supplied with this find 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 of fustee 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:** 

904-212\_0450 Dayline Phone #