FILED

## 2003 FOR PROFIT CORPORATION

## Feb 27, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** 657373 **DOCUMENT #** 02-27-2003 90162 015 \*\*\*150.00 1. Entity Name LEVI AND SONS, INC. Principal Place of Business Mailing Address 3721 FLORES AVENUE 4017 SAN LÙIS DR SARASOTA FL 34239 SARASOTA FL 34235 2. Principal Place of Business 3. Mailing Address 5122 San Jose Dr. Suite, Apt. #, etc. TY CHECK HERE IF MAKING CHANGES 5122 Jose Dr. City & State 4. FEI Number Applied For 59-1971485 ara sota Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEVI, STEPHEN Street Address (P.O. Box Number is Not Acceptable) 2250 GULF GATE DR SRARSOTA FL 34231 A City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE 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 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition Levi, stephen R. 🚽 NAME NAME STREET ADDRESS 3721 FLORES AVE STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change [ ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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 attachme

STREET ADDRESS

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Levi 2-23-03 941 726-1543