

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 22, 2002 8:00 am**  
**Secretary of State**

07-22-2002 90161 046 \*\*\*150.00

**DOCUMENT # F01000004619**

**1. Entity Name**  
**LEVESQUE-SMITH, INC.**

**Principal Place of Business**  
**2783 S. BRIDGE RD**  
**WASHINGTON PA 15301**

**Mailing Address**  
**2783 S. BRIDGE RD**  
**WASHINGTON PA 15301**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

**25-1892309**

Applied For

Not Applicable

Zip

Country

Zip

Country

**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**

**LEVESQUE, MATTHEW G**  
**2309 CYPRESS BEND DR.**  
**APT. 215**  
**POMPANO BEACH FL 33069**

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. 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

**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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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** **PCD** ☒ Delete  
**NAME** **SMITH, LARRY S**  
**STREET ADDRESS** **2783 S. BRIDGE RD**  
**CITY-ST-ZIP** **WASHINGTON PA**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **VD** ☐ Delete  
**NAME** **LEVESQUE, MATTHEW G**  
**STREET ADDRESS** **1106 TEECOURT**  
**CITY-ST-ZIP** **NEVILLEWOOD PA**

**TITLE** ☒ Change ☐ Addition  
**NAME** **Levesque, Matthew G.**  
**STREET ADDRESS** **2309 Cypress Bend Drive Apt. 215**  
**CITY-ST-ZIP** **Pompano Beach FL 33069**

**TITLE** **STD** ☐ Delete  
**NAME** **SMITH, MARY P**  
**STREET ADDRESS** **2783 S. BRIDGE RD**  
**CITY-ST-ZIP** **WASHINGTON PA**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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**CITY-ST-ZIP**

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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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]*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Matthew P. Smith**

**7/14/2002 (724) 250-9393**

Date

Daytime Phone #

CR2E034 (4/02)

Attachment FO10000004619

**LEVESQUE-SMITH, INC.**

**Practice Limited To Horses**

**2783 S Bridge Road  
Washington, Pa 15301**

**Telephone: (724) 250-9393  
(954) 978-9322**

Department of State  
Division of Corporate Taxes  
Uniform Business Report Filings  
P.O. Box 2600 Tallahassee, Fl 32302-1500

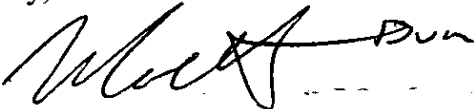
July 14, 2002

To Whom It May Concern,

Attached please find our initial Uniform Business Report. This is the first notice we received that we were required to file this form. Since we received it after the due date, we are requesting an abatement of the \$400 penalty. As required by law, we have enclosed a check for the amount of \$150 for the tax due.

Thank you for your consideration in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew G. Levesque", is written over a horizontal dashed line.

Matthew G. Levesque, D.V.M.