

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91845 014 ***150.00

DOCUMENT # **F01000004619**

1. Entity Name

Levesque-Smith, Inc.

90129787

DO NOT WRITE IN THIS SPACE

Principal Place of Business
Pompano Park Race Track

3. Mailing Address
2783 S Bridge Road

Suite, Apt. #, etc.
1600 SW 3rd Street

Suite, Apt. #, etc.

City & State
Pompano Beach, Florida

City & State
Washington PA

4. FEI Number
25-1892309

Applied For
Not Applicable

Zip
33069

Country
Broward

Zip
15301

Country
Washington

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Levesque, Matthew G.

Street Address (P.O. Box Number is Not Acceptable)
2309 Cypress Bend Drive South

Apt #
215

City
Pompano Beach

FL

Zip
33069

**DO NOT WRITE
IN THIS SPACE**

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)

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
**President
Levesque, Matthew G. 2309 Cypress Bend Dr. So.
Pompano Beach, Florida 33069 Apt #215**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Secretary/Treasurer
Smith, Mary P. 2783 S Bridge Road
Washington, PA 15301**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

Mary P Smith

Mary P. Smith

April 28, 2003 (724) 250-9393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)