

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J75544

1. Entity Name

R. & A. LEVESQUE ENTERPRISES, INC.

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90033 017 \*\*\*158.75

Principal Place of Business

Mailing Address

~~13901 OLD DIXIE HWY~~ 6501  
HUDSON FL 34667 BOATYARD DR.

6433 BOATYARD DR.  
HUDSON FL 34667-1599

2. Principal Place of Business

6501 BOATYARD DR  
Suite, Apt. #, etc.

3. Mailing Address

6433 BOATYARD DR  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HUDSON, FL

City & State

HUDSON FL

4. FEI Number

65-0186098

Applied For

Not Applicable

Zip

34667

Country

PASCO

Zip

34667

Country

PASCO

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, ROBERT R.

~~13901 OLD DIXIE HWY~~ 6433 BOATYARD DR  
HUDSON FL 33567

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.

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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 ☐ Delete  
NAME D  
STREET ADDRESS LEVESQUE, ROBERT R.  
CITY-ST-ZIP ~~13901 OLD DIXIE HWY~~ 6433 BOATYARD DR  
HUDSON FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 6433 BOATYARD DR.  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS LEVESQUE, ANNETTE  
CITY-ST-ZIP ~~13901 OLD DIXIE HWY~~ 6433 BOATYARD DR.  
HUDSON FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 6433 BOATYARD DR.  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

Robert Levesque 1-30-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)