

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90138 022 \*\*\*150.00

**DOCUMENT # L64077**

1. Entity Name

**KRAMER, SEWELL, SOPKO & LEVENSTEIN, P.A.**

Principal Place of Business

2307 SE MONTEREY RD  
P.O. BOX 2421  
STUART FL 34996  
US

Mailing Address

2307 SE MONTEREY RD  
P.O. BOX 2421  
STUART FL 34996-3331  
US

2. Principal Place of Business

853 SE Monterey Commons Blvd.

3. Mailing Address

853 SE Monterey Commons Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Stuart, FL**

City & State  
**Stuart, FL**

4. FEI Number **65-0188475**

Applied For  
☐ Not Applicable

Zip  
**34996**

Country  
**USA**

Zip  
**34996**

Country  
**USA**

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

**KRAMER, ROBERT S**  
**2307 SE MONTEREY ROAD**  
**STUART FL 34996**

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 *Robert S. Kramer*  
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 **PD** ☐ Delete  
NAME **KRAMER, ROBERT, S**  
STREET ADDRESS **2307 SE MONTEREY RD**  
CITY-ST-ZIP **STUART FL**

TITLE ☒ Change ☐ Addition  
NAME **853 SE Monterey Commons Blvd.**  
STREET ADDRESS **Stuart, FL 34996**  
CITY-ST-ZIP

TITLE **VD** ☐ Delete  
NAME **SEWELL, LAURIE R**  
STREET ADDRESS **2307 SE MONTEREY RD**  
CITY-ST-ZIP **STUART FL**

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

TITLE **S** ☐ Delete  
NAME **SOPKO, JAMES**  
STREET ADDRESS **2307 SE MONTEREY RD**  
CITY-ST-ZIP **STUART FL**

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

TITLE **T** ☐ Delete  
NAME **LEVENSTEIN, RICHARD H**  
STREET ADDRESS **2307 SE MONTEREY RD**  
CITY-ST-ZIP **STUART FL**

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  
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: *Robert S. Kramer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00 561-288-0048  
Date Daytime Phone #