

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State
03-15-2001 90029 029 ***150.00

DOCUMENT # P00000017993

1. Entity Name
ROSE LEAVITT FINE ARTS & PRESERVATION, INC.

Principal Place of Business

**303 VALLETTE WAY
WEST PALM BEACH FL 33401**

Mailing Address

**303 VALLETTE WAY
WEST PALM BEACH FL 33401**

2. Principal Place of Business

303 VALLETTE WAY

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

WEST PALM BEACH

City & State

Zip

33401

Country

FL

Country

4. FEI Number

65-0445619

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEAVITT, ROSE O
303 VALLETTE WAY
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name **ROSE LEAVITT**

Street Address (P.O. Box Number is Not Acceptable)
303 VALLETTE WAY

City **WEST PALM BEACH**

FL

Zip **33401**

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 **Rose O. Leavitt**

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, 2001 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

TITLE **D** ☐ Delete
NAME **LEAVITT, ROSE O**
STREET ADDRESS **303 VALLETTE WAY**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROSE O. LEAVITT 03/10/01
5617 659 3818

Date

Daytime Phone #

CR2E034 (10/00)