

2001 UNIFORM BUSINESS REPORT (UBR)

4/13

FILED
May 05, 2001 8:00 am
Secretary of State

04-13-2001 90029 019 ***150.00

DOCUMENT # P00000021885

1. Entity Name

LAURA S. LEVE, P.A.

Principal Place of Business

Mailing Address

**4826-B KERRY FOREST PARKWAY
TALLAHASSEE FL 32308**

**4826-B KERRY FOREST PARKWAY
TALLAHASSEE FL 32308**

2. Principal Place of Business

3. Mailing Address

2709 Killarney Way

2709 Killarney Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 5

Suite 5

City & State

City & State

Tallahassee FL

Tallahassee FL

Zip

Country

Zip

Country

32308 USA

32308 USA

4. FEI Number

59-3645689

Applied For

Not Applicable

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

**LEVE, LAURA S ESQ.
2355 MERRIGAN PL.
TALLAHASSEE FL 32308**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	P (President)	☐ Change ☒ Addition
NAME	Laura S. Leve	
STREET ADDRESS	2709 Killarney Way, Suite 5	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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:

Laura S. Leve

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-2001

Date

**893-9254
850-854-5533**

Daytime Phone #

CR2E034 (10/00)