

# 2002 UNIFORM BUSINESS REPORT (UBR)

041107 AV

DOCUMENT # P00000091875

1. Entity Name  
LEVINE MARINE, INC.

FILED  
02 MAY -2 AM 9:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
888 SOUTH PARSONS AVENUE  
BRANDON, FL 33511-6007

Mailing Address  
888 SOUTH PARSONS AVENUE  
BRANDON FL 33511-6007



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3672939

Applied For  
Not Applicable

Zip Country

Zip Country

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

LEVINE, SUSAN W  
888 SOUTH PARSONS AVE.  
BRANDON FL 33511

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, 2002 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 P ☐ Delete  
NAME LEVINE, SUSAN W  
STREET ADDRESS 888 SOUTH PARSONS AVENUE  
CITY-ST-ZIP BRANDON FL 33511-6007

TITLE ☐ Change ☐ Addition  
NAME 000005431520--5  
STREET ADDRESS -05/02/02--01063--026  
CITY-ST-ZIP \*\*\*\*\*200.00 \*\*\*\*\*150.00

TITLE S ☐ Delete  
NAME LEVINE, PAUL R  
STREET ADDRESS 888 SOUTH PARSONS AVENUE  
CITY-ST-ZIP BRANDON FL 33511-6007

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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: *SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02

800-749-2213

Date

Daytime Phone #

CR2E034 (9/01)