

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000099427

1. Entity Name

NEW LEVEL CONTRACTING, INC.

FILED
Feb 22, 2001 8:00 am
Secretary of State

02-22-2001 90125 030 ***150.00

Principal Place of Business

Mailing Address

612 ORCHID DRIVE
PLANTATION FL 33317

612 ORCHID DRIVE
PLANTATION FL 33317

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FEL Number

605-1048964

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

FITZGERALD, SAMANTHA
100 SE 6 STREET
FT LAUDERDALE FL

Name: Samantha Fitzgerald, Esq.
Street Address (P.O. Box Number is Not Acceptable): 100 SE 2nd St. 17th Floor
City: Miami, FL 33131
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: D ☒ Delete
NAME: FISCHER, ROBERT A JR
STREET ADDRESS: 5900 PALM TRACE LANDINGS DR APT 308
CITY-ST-ZIP: DAVIE FL 33314

TITLE: D, P ☒ Change ☐ Addition
NAME: Kevin Fitzgerald
STREET ADDRESS: 612 orchid Dr.
CITY-ST-ZIP: Plantation, FL 33317

TITLE: D ☐ Delete
NAME: FITZGERALD, KEVIN
STREET ADDRESS: 612 ORCHID DRIVE
CITY-ST-ZIP: PLANTATION FL 33317

TITLE: UP, D, S ☐ Change ☒ Addition
NAME: Samantha Fitzgerald
STREET ADDRESS: 612 orchid Dr.
CITY-ST-ZIP: Plantation, FL 33317

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:

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin Fitzgerald 2-17-01 954-253-4591

Date

Daytime Phone #

CR2E034 (10/00)