2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the received changed, or on an attachment we

SIGNATURE:

Mar 13, 2002 8:00 am § P01000105400 DOCUMENT # **Secretary of State** 1. Entity Name 03-13-2002 90142 004 ***158.75 LEVITT & SON'S CONTRACTOR'S INC. Mailing Address Principal Place of Business 28821 BENNINGTON DRIVE 28821 BENNINGTON DRIVE ZEPHYRHILLS FL 33544 ZEPHYRHILLS FL 33544 3. Mailing Address Po Box 2. Principal Place of Business 7502 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Horida Chapel Wesley 22 -3838409 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33*5*43 Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEVITT, BEVERLY W Street Address (P.O. Box Number is Not Acceptable) 28821 BENNINGTON DRIVE ZEPHYRHILLS FL 33544 Zip Code City ty submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named en FILE NOW!!! FEE IS \$150.00 -9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (9/01) PID ☐ Change TITLE ☐ Delete NAME lévitt, beverly w NAME Joshua S. Levitt CR2E034 1204 E Louisiana Ave. 28821 BENNINGTON DRIVE STREET ADDRESS STREET ADDRESS ZEPHYRHILLS FL 33544 CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33603 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME 6431 Pheasant Run STREET ADDRESS STREET ADDRESS Wesley Chapel, FL CITY-ST-ZIP CITY-ST-ZIP Addition 🗎 ☐ Delete TITLE ☐ Change TIT! F NAME NAME 26431 Pheasant Kun STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITI F TITLE ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of trustee empowered to skeepful this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapted, or on an attachment/with an address, with all other like empowered.