

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 09, 2003 8:00 am
Secretary of State

06-09-2003 90121 043 ***150.00

DOCUMENT # 1. Entity Name <i>Level Line Grading, Inc</i> <i>PO 2000002532</i>					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business <i>1964 St Andrews Rd</i> Suite, Apt. #, etc.			3. Mailing Address <i>1964 St Andrews Rd</i> Suite, Apt. #, etc.		
City & State <i>Lake Worth, FL</i>			City & State <i>Lake Worth, FL</i>		
Zip <i>33461</i>		Country <i>USA</i>		4. FEI Number <i>30-000764</i>	
5. Certificate of Status Desired ☐				Applied For No: Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent					
Name <i>John Van Wagner</i>					
Street Address (P.O. Box Number is Not Applicable) <i>1964 St Andrews Rd</i>					
City <i>Lake Worth</i>					
State <i>FL</i>					
Zip Code <i>33461</i>					
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>John Van Wagner</i>					
(NOTE: Registered Agent signature required when registering)					
DATE <i>6/1/03</i>					
January 1 - May 1: Fee is \$150.00 After May 1: Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. ☐					
\$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-STATE-ZIP			TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
<i>President / Treasurer</i> <i>John Van Wagner</i> <i>1964 St Andrews Rd</i> <i>Lake Worth, FL 33461</i>			TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP			TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
<i>Vice President / Secretary</i> <i>Randy Bullard</i> <i>1715 31st Rd N</i> <i>Lake Worth, FL 33410</i>			TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
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DO NOT WRITE IN THIS SPACE					
12. 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 10 or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>John Van Wagner</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
DATE <i>6/1/03</i>					
Daytime Phone # <i>(561) 662-7044</i>					

CR2E034B (12/02)