

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91284 039 \*\*\*158.75

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**DOCUMENT # P02000027165**



1. Entity Name  
**LEVERETTE BROTHERS HOLDINGS, INC.**

Principal Place of Business  
**8340 DONAL STREET  
PORT RICHEY FL 34668**

Mailing Address  
**8340 DONAL STREET  
PORT RICHEY FL 34668**

**11043604**



2. Principal Place of Business  
**6836 Ridge Rd.**

3. Mailing Address  
**6836 Ridge Rd.**

CHECK HERE IF MAKING CHANGES

City & State  
**Port Richey, FL**

City & State  
**Port Richey, FL**

4. FEI Number  
**45-0474104**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**LEVERETTE, BRIAN F  
8340 DONAL STREET  
PORT RICHEY FL 34668**

7. Name and Address of New Registered Agent  
Name  
**Jon C. Leverette**  
Street Address (P.O. Box Number is Not Acceptable)  
**6836 Ridge Rd.**  
City  
**Port Richey** FL Zip Code  
**34668**

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 *Jon C. Leverette* DATE 3/27/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P/D</b>	<input type="checkbox"/> Delete	TITLE <b>P/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Brian F. Leverette</b>		NAME <b>Brian F. Leverette</b>	
STREET ADDRESS		STREET ADDRESS <b>3060 sunset Vista Dr.</b>	
CITY-ST-ZIP		CITY-ST-ZIP <b>Springhill FL 34607</b>	
TITLE <b>VIT/SD</b>	<input type="checkbox"/> Delete	TITLE <b>VIT/SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME <b>Jon C. Leverette</b>	
STREET ADDRESS		STREET ADDRESS <b>1840 Denmark Dr.</b>	
CITY-ST-ZIP		CITY-ST-ZIP <b>Orange Park, FL 32003</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME <b>Steven J. Leverette</b>	
STREET ADDRESS		STREET ADDRESS <b>1006 Morton League Ct.</b>	
CITY-ST-ZIP		CITY-ST-ZIP <b>Richmond Tx 77469</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jon C. Leverette* DATE 3/27/03 DAYTIME PHONE # 927 846 9249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)