

**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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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**

Zip
34668 Country
US

Zip
34668 Country
US

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Brian F. Leverette	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIT/SD	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Brian F. Leverette 3060 sunset Vista Dr. Springhill FL 34607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIT/SD Jon C. Leverette 1840 Denmark Dr. Orange Park, FL 32003	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Steven J. Leverette 1006 Morton League Ct. Richmond Tx 77469	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 # 727 846 9249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)