

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

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90768 040 ***150.00

DOCUMENT # PD2000058284

1. Entity Name

SOUL MENTOR INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

750 ISLAND WAY #
Suite, Apt. #, etc.
103

3. Mailing Address

750 ISLAND WAY
Suite, Apt. #, etc.
103

City & State

CLEARWATER FL

City & State

CLEARWATER FL

Zip

33767

Country

PINELLAS

Zip

33767

Country

PINELLAS

4. FEI Number

04 367 0594

Applied For

☐ **Not Applicable**

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

SUSAN A LEVY

Street Address (P.O. Box Number is Not Acceptable)

750 ISLAND WAY #103

City

CLEARWATER

FL

Zip Code

33767

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

Susan A Levy

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-21-03

DATE

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 - ST - ZIP**

PD
LEVY, SUSAN A.
750 ISLAND WAY #103
CLEARWATER, FL 33767

**TITLE
NAME
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CITY - ST - ZIP**

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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:

Susan A Levy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-03

Date

727-449-0231

Daytime Phone #

CR2E0348 (12/02)