

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90110 048 ***158.75

DOCUMENT # P02000060956

1. Entity Name
ON THE LEVEL CONSTRUCTION, INC.



Principal Place of Business
5331 SOUTHEAST EBBTIDE AVENUE
STUART FL 34997

Mailing Address
5331 SOUTHEAST EBBTIDE AVENUE
STUART FL 34997



2. Principal Place of Business
2505 N.E. Indian River Dr
Suite, Apt. #, etc. Lot 120

3. Mailing Address
2505 N.E. Indian River Dr.
Suite, Apt. #, etc. Lot 120

☐ CHECK HERE IF MAKING CHANGES

City & State
Jensen Bch. FL

City & State
Jensen Bch. FL

4. FEI Number
30-0084102

5. Certificate of Status Desired
34957 MARTIN

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
JORDAN, DAVID L
5331 SOUTHEAST EBBTIDE AVENUE
STUART FL 34997

7. Name and Address of New Registered Agent
Name JORDAN David L.
Street Address (P.O. Box Number is Not Acceptable) 2505 N.E. Indian River DR.
Lot 120
City Jensen Bch. FL Zip Code 34957

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 DAVID L. JORDAN
Signature, typed or printed name of registered agent and title if applicable.
David L. Jordan
(NOTE: Registered Agent signature required when reinstating)
4-13-03
DATE

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	PD	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JORDAN, DAVID L			NAME	JORDAN David L.		
STREET ADDRESS	5331 SOUTHEAST EBBTIDE AVENUE			STREET ADDRESS	2505 N.E. Indian River DR. #120		
CITY-ST-ZIP	STUART FL 34997			CITY-ST-ZIP	Jensen Bch., FL 34957		
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			
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: DAVID L. JORDAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAVID L. JORDAN 4-13-03 349-9077
(772)
DATE **DAYTIME PHONE #**

CR2E034 (10/02)