

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

FILED
May 17, 2006 8:00 am
Secretary of State

05-17-2006 90019 001 ***150.00

DOCUMENT # P02000067179	
1. Entity Name	
RED LEVEL REALTY, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6737 W MINUTEMAN STREET		3. Mailing Address PO BOX 1625	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HOMOSASSA, FL		City & State CRYSTAL RIVER, FL	
Zip 34448	Country UNITED STATES	Zip 34423	Country US

4. FEI Number 59-2500266	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name SHARON J. FRIES	
Street Address (P.O. Box Number is Not Acceptable) 6737 W MINUTEMAN STREET	
City HOMOSASSA	Zip Code 34448

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 _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/OWNER SHARON J. FRIES 6737 W MINUTEMAN STREET HOMOSASSA, FL 34448	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

✓ 40093041

5-11-06 625-1517