

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/17

**FILED**  
**Jun 02, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90412 037 \*\*\*150.00

DOCUMENT # P02000079111

1. Entity Name  
LEV HOLDINGS, INC.



Principal Place of Business  
483 MANDALAY AVE  
CLEARWATER BEACH FL 33767

Mailing Address  
483 MANDALAY AVE  
CLEARWATER BEACH FL 33767

55045296



2. Principal Place of Business  
ISLAND HEALTH FITNESS  
Suite, Apt. #, etc. AVE. #220 483 MANDALAY  
City & State CLEARWATER BEACH  
Zip 33767 Country PINELLAS

3. Mailing Address  
"SAME"  
Suite, Apt. #, etc. AVE. #220 483 MANDALAY  
City & State CLEARWATER BEACH  
Zip 33767 Country PINELLAS

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 820557103 ☒ Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATE SERVICES, INC.  
537 EAST PARK AVE  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name LIZA BELL  
Street Address (P.O. Box Number is Not Acceptable)  
483 MANDALAY AVE #220  
City CLEARWATER BEACH 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 [Signature] DATE 4-25-03

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

(NOTE: Registered Agent Signature required when reinstating)

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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	LIZA BELL	
STREET ADDRESS	25 LEEWARD IS.	
CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Delete
NAME	VICTOR JEVATIC	
STREET ADDRESS	401 PALM IS. N.E.	
CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

[Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-03 727-443-225  
Date Daytime Phone #

CR2E034 (10/02)