

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P02000096293**

1. Entity Name
NELLY LEVINE, P.A.



Principal Place of Business
501 KNIGHTS RUN AVE APT #1134
TAMPA FL 33602

Mailing Address
501 KNIGHTS RUN AVE APT #1134
TAMPA FL 33602

2. Principal Place of Business
2802 W. ESTRELLA ST

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
TAMPA, FL

City & State

Zip **33629** Country **USA**

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BUTSON, MELINDA
HARBOURSIDE MEDICAL TOWER
4 COLUMBIA DR STE 240
TAMPA FL 33606**

Name

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

City

FL Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-16-03

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 **D**
NAME **LEVINE, NELLY**
STREET ADDRESS **4 COLUMBIA DR STE 240**
CITY-ST-ZIP **TAMPA FL 33606**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

500021784035
07/25/03-01019-031 **150.00

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Delete

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CITY-ST-ZIP

Change Addition

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CITY-ST-ZIP

Change 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/03 813-760-7959

Date

Daytime Phone #

0683600
AV

CF2E034 (4/03)

Attachment

P0200009462B

July 15, 2003

Nelly E. Levine, PA
2802 W. Estrella Street
Tampa, FL 33629

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

I filed a uniform business report on-line prior to the May deadline. I never received any confirmation of the filing. I just received another notice saying that I did not file and there is additional fees added now. I spoke with a representative today by the name of Terrence Scott, and I was told to write you this letter explaining what had happened and to provide you with the original fees of \$150.00.

Thank you,



Nelly E. Levine