

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUL 23 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

DOCUMENT #	P02000096293	
1. Entity Name	NELLY LEVINE, P.A.	

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

2. Principal Place of Business	3. Mailing Address
2802 W. ESTRELLA ST	same
Suite, Apt. #, etc.	
City & State	
TAMPA, FL	City & State
Zip 33629 Country USA	Zip Country

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

6. Name and Address of Current Registered Agent
BUTSON, MELINDA HARBOUSIDE MEDICAL TOWER 4 COLUMBIA DR STE 240 TAMPA FL 33606

7. Name and Address of New Registered Agent
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 <i>Melinda Butson</i> 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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	
D LEVINE, NELLY		500021784035	
4 COLUMBIA DR STE 240		07/25/03--01019--031 **150.00	
TAMPA FL 33606			
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
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CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
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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: <i>[Signature]</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 7/15/03	Daytime Phone # 813-760-7959
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CR2E034 (4/03)

Attachment

PO200009429B

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