

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

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90103 008 ***158.75

DOCUMENT # P02000119387

1. Entity Name
HIGHER LEVEL MARKETING, INC.



Principal Place of Business
**116 44TH AVENUE NE
ST. PETERSBURG FL 33703**

Mailing Address
**116 44TH AVENUE NE
ST. PETERSBURG FL 33703**



2. Principal Place of Business

1950 1st Ave N

3. Mailing Address

1950 1st Ave N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 304

Suite 304

City & State

City & State

St. Petersburg, FL

St. Petersburg, FL

Zip

Zip

Country

Country

33713

Pin

33713

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

22-3882191

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERRY, FRANK M JR.

116 44TH AVENUE NE

ST. PETERSBURG FL 33703

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

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 **P** ☐ Delete
NAME **PERRY, FRANK M JR.**
STREET ADDRESS **116 44TH AVENUE NE**
CITY-ST-ZIP **ST. PETERSBURG FL 33703**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

727/209-1488

Daytime Phone #

CR2E034 (10/02)