

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P33502

1. Entity Name

LEVESQUE & ASSOCIATES, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90027 045 ***150.00

Principal Place of Business

Mailing Address

1520 JADE LANE
TARPON SPRINGS FL 34689
US

1520 JADE LANE
TARPON SPRINGS FL 34689-5200
US

2. Principal Place of Business

1674 EAGLE TRACE BLVD

3. Mailing Address

1674 EAGLE TRACE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PALM HARBOR FL

City & State

PALM HARBOR FL

4. FEI Number

93-0784793

Applied For

Not Applicable

Zip

34685

Country

US

Zip

34685

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6- Name and Address of Current Registered Agent

BAPTISTE, RIA J.
1520 JADE LANE
TARPON SPRINGS FL 34689

7- Name and Address of New Registered Agent

Name
REGISTERED CORPORATE AGENTS, INC.

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

612 GREENWOOD AVE

City

CLEARWATER

FL

Zip Code

33756

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.

SIGNATURE

Rogee Ann... President

Feb. 17, 2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME LEVESQUES, J. RONALD
STREET ADDRESS 1520 JADE LANE
CITY-ST-ZIP TARPON SPRINGS FL

TITLE STD ☐ Delete
NAME BAPTISTE, RIA J.
STREET ADDRESS 1520 JADE LANE
CITY-ST-ZIP TARPON SPRINGS FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME LEVESQUE, J. RONALD
STREET ADDRESS 1674 EAGLE TRACE BLVD
CITY-ST-ZIP PALM HARBOR FL

TITLE STD ☒ Change ☐ Addition
NAME BAPTISTE, RIA J.
STREET ADDRESS 1674 EAGLE TRACE BLVD
CITY-ST-ZIP PALM HARBOR FL

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

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rogee Ann... Baptiste

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/00

Date

727-786-9168

Daytime Phone #

CR2E034 (9/99)