

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

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90115 043 ***150.00

0570991 AV 1690/90

DOCUMENT.# P94000009603

1. Entity Name
JOHN L. LEVECQUE, INC.



Principal Place of Business
**4 NO. SHADOW WOOD DR.
INVERNESS FL 34450**

Mailing Address
**4 NO. SHADOW WOOD DR.
INVERNESS FL 34450**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3229032**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEVECQUE, JOHN L
4 NO. SHADOW WOOD DR.
INVERNESS FL 34450**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 **\$5.00** May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	LEVECQUE, JOHN L	
STREET ADDRESS	4 NO. SHADOW WOOD DR.	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	TS	<input type="checkbox"/> Delete
NAME	LEVECQUE, ANITA	
STREET ADDRESS	4 N SHADOW WOOD DR	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE		<input type="checkbox"/> Delete
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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: *John L. Levecque* **REQUIRED** *APR 127* *46-235-5409*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034 (10/02)