

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000046804

1. Entity Name

LEVCORP ENTERPRISES, INC.

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90238 013 \*\*\*150.00

Principal Place of Business

Mailing Address

16201 PARKSIDE DR  
TAMPA FL 33624

16201 PARKSIDE DRIVE  
TAMPA FL 33549-9069

LU008238



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4906 MIRABELLA PLACE

4906 MIRABELLA PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LUTZ, FL.

LUTZ, FL.

Zip

Country

33549

USA

Zip

Country

33549

USA

4. FEI Number

59-3319352

Applied For

Not Applicable

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

LEVINSON, MARK V  
16201 PARKSIDE DRIVE  
TAMPA FL 33624

Name

LEVINSON, MARK V.

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

4906 MIRABELLA PLACE

City

LUTZ, FL.

FL

Zip Code

33549

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

*Mark V. Levinson*  
Signature, typed or printed name of registered agent and title if applicable

MARK V. LEVINSON - PRESIDENT

1/4/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEVINSON, MARK V.	
STREET ADDRESS	16201 PARKSIDE DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	LEVINSON, KATIE F.	
STREET ADDRESS	16201 PARKSIDE DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4906 MIRABELLA PLACE	
CITY-ST-ZIP	LUTZ, FL. 33549	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4906 MIRABELLA PLACE	
CITY-ST-ZIP	LUTZ, FL. 33549	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Mark V. Levinson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK V. LEVINSON - PRESIDENT

Date

Daytime Phone #

1/4/2000 (813) 792-8030

CR2E034 (9/99)