2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 07, 2001 8:00 am Secretary of State DOCUMENT # P95000046804 1. Entity Name LEVCORP ENTERPRISES, INC. 02-07-2001 90182 044 ***150.00 Principal Place of Business Mailing Address 4906 MARIBELLA PL 4906 MARIBELLA PL LUTZ FL 33-5498 LUTZ FL 33-5498 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3319352 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEVINSON, MARK V. Street Address (P.O. Box Number is Not Acceptable) LEVINSON, MARK V 16201 PARKSIDE DRIVE TAMPA FL 33624 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. $\lambda \lambda \lambda \alpha \lambda$ 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition NAME LEVINSON, MARK V. NAME 4906 MIRABELLA PLACE STREET ADDRESS 16201 PARKSIDE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LUTZ, FL. 33549 TAMPA FL TITLE **VS** ☐ Delete TITLE Change ☐ Addition NAME LEVINSON, KATIE F. NAME STREET ADDRESS STREET ADDRESS 4906 MIRABELLA PLACE 16201 PARKSIDE DRIVE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Lute, FL. 33549 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attachmen) with an address, with all other like empowered. Evinson-President

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR