

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90106 034 ***150.00

DOCUMENT # P96000022576

1. Entity Name
DENNIS LEVINE & ASSOCIATES, P.A.

Principal Place of Business

**215 W VERNE ST. SUITE B
TAMPA FL 33606**

Mailing Address

**P.O. BOX 707
TAMPA FL 33601-0707
US**

C0005617



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

103 South Boulevard
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

4. FEI Number **59-3367227**

Applied For
 Not Applicable

Zip

33606

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

**LEVINE, DENNIS J
215 W VERNE ST, SUITE B
TAMPA FL 33606**

**103 S. Boulevard
Tampa, FL 33606**

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.

SIGNATURE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME D LEVINE, DENNIS J	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS 215 W VERNE ST, SUITE B	<input type="checkbox"/>	STREET ADDRESS	<input type="checkbox"/>
CITY-ST-ZIP TAMPA FL 33606	<input type="checkbox"/>	CITY-ST-ZIP	<input type="checkbox"/>
STREET ADDRESS 103 S. Boulevard	<input type="checkbox"/>	STREET ADDRESS	<input type="checkbox"/>
CITY-ST-ZIP Tampa, FL 33606	<input type="checkbox"/>	CITY-ST-ZIP	<input type="checkbox"/>
TITLE	<input type="checkbox"/>	TITLE	<input type="checkbox"/>
NAME	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS	<input type="checkbox"/>	STREET ADDRESS	<input type="checkbox"/>
CITY-ST-ZIP	<input type="checkbox"/>	CITY-ST-ZIP	<input type="checkbox"/>
TITLE	<input type="checkbox"/>	TITLE	<input type="checkbox"/>
NAME	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS	<input type="checkbox"/>	STREET ADDRESS	<input type="checkbox"/>
CITY-ST-ZIP	<input type="checkbox"/>	CITY-ST-ZIP	<input type="checkbox"/>
TITLE	<input type="checkbox"/>	TITLE	<input type="checkbox"/>
NAME	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS	<input type="checkbox"/>	STREET ADDRESS	<input type="checkbox"/>
CITY-ST-ZIP	<input type="checkbox"/>	CITY-ST-ZIP	<input type="checkbox"/>

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: **Dennis Levine**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1-10-2000** Daytime Phone #: **813-253-0777**

CR2E034 (9/99)