2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000098840 Feb 15, 2000 8:00 am 1. Entity Name Secretary of State ANTHONY H. LEVERING, INC. 02-15-2000 90054 037 ***150.00 Principal Place of Business Mailing Address 270 TAMIAMI TR S. 270 TAMIAMI TR S. 2ND FLOOR 2ND FLOOR VENICE FL 34285-2419 VENICE FL 34285-2419 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 65-0797197 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS **PVST** ☐ Change ☐ Addition TITLE Delete TITLE LEVERING, ANTHONY H NAME NAME **501 LYONS BAY ROAD** STREET ADDRESS STREET ADDRESS NOKOMIS FL 34275 CITY-ST-7/P CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition LEVERING, ANTHONY H NAME **501 LYONS BAY ROAD** STREET ADDRESS STREET ADDRESS NOKOMIS FL 34275 CITY-ST-ZIP - 🖃 Change - 🗔 Addition -TITLE · Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F 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 arrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 is changed, or on an attachment with a report of the corporation of the receiver arrustee empowered.

FICER OF DIRECTOR