

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 08, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90095 020 \*\*\*150.00

DOCUMENT # **P98000004043**

**R**

1. Entity Name  
**L & H TV AND VCR REPAIR, INC.**

Principal Place of Business      Mailing Address  
**13801 WALSINGHAM RD. SUITE E**      **13801 WALSINGHAM RD. SUITE E**  
**LARGO FL 33774**      **LARGO FL 33774**

2. Principal Place of Business      3. Mailing Address  
**13719 WALSINGHAM RD**      **13719 WALSINGHAM RD**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**LARGO FLORIDA**      **LARGO FLORIDA**  
 Zip      Country      Zip      Country  
**33774**      **PINELLAS**      **33774**      **PINELLAS**

4. FEI Number      Applied For  
**59-3487790**       Not Applicable

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**HAGGERTY, LYLE**  
**13801 WALSINGHAM RD, SUITE E**  
**LARGO FL 33774**

Name      **THOMAS LEVEILLE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1400 PINE ST**  
 City      **LARGO**      FL      Zip Code      **33770**

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 *Thomas Leveille*      **THOMAS LEVEILLE**      **8/4/00**  
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.  **FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAGGERTY, LYLE</b> <b>13801 WALSINGHAM RD, SUITE E</b> <b>LARGO FL 33774</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEVEILLE, THOMAS</b> <b>13801 WALSINGHAM RD, SUITE E</b> <b>LARGO FL 33774</b> <input type="checkbox"/> Delete	TITLE <b>D</b> NAME <b>LEVEILLE THOMAS</b> STREET ADDRESS <b>1400 PINE ST</b> CITY-ST-ZIP <b>LARGO FLORIDA</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	..... <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	..... <input type="checkbox"/> Change... <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	..... <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	..... <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	..... <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	..... <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	..... <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	..... <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Thomas Leveille*      **THOMAS LEVEILLE**      **8/4/00**      **727 596 7226**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (5/00)

**L&H TV & VCR  
REPAIR**

13719 ~~18801~~ E Walsingham Rd.  
Largo, Florida 84644 33779  
(813) 596-7726  
Lic. #811810

Attachment  
# P 980 00004043  
AUG 7 1961

Division of Corporations

8/4/00

To whom it may concern:

I did not receive the first notice  
of filing of the 2000 Uniform Business Report.

Enclosed is my filing fee of \$150.00 with  
my corrected second notice as recommended  
by the office of Division of Corporations  
in Tallahassee

Thank you

Thomas Leveille

THOMAS LEVEILLE