

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90281 009 ***150.00

DOCUMENT # **p 98000000 5971**

1. Corporation Name

**LevelTime
Capital Management Company**

Principal Place of Business

Mailing Address

**14535 Bruce B Downs Blvd
#1735, Tampa, FL 33613**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

1/21/98

4. FEI Number

59-3487299

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 27508 Breakers Dr

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Wesley Chapel, FL

28

Zip

Country

Zip

Country

24 33543

25

USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Bruce Bryan
14535 Bruce B Downs Blvd
#1735, Tampa, FL 33613**

81 Name

Bruce Bryan

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

27508 Breakers Dr

83

84 City

Wesley Chapel

FL

85 Zip Code

33543

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/99

12. OFFICERS AND DIRECTORS	
TITLE	President <input type="checkbox"/> DELETE
NAME	Bruce Bryan
STREET ADDRESS	14535 Bruce B Downs Blvd
CITY-ST-ZIP	#1735 Tampa, FL 33613
TITLE	President <input checked="" type="checkbox"/> DELETE
NAME	Genny Campos
STREET ADDRESS	14004 Village View Dr
CITY-ST-ZIP	Tampa, FL 33624
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bruce Bryan
1.3 STREET ADDRESS	27508 Breakers Dr
1.4 CITY-ST-ZIP	Wesley Chapel, FL 33543
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Kerry Bryan
3.3 STREET ADDRESS	634 Summit PL
3.4 CITY-ST-ZIP	Birmingham, AL 35243
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce Bryan **4/28/99** **(813) 907-8333**

Date

Daytime Phone #

CR2E034 (11/98)