

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000034235

1. Entity Name

J & B LEVEL LINE, INC.

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

04-19-2000 90074 010 ***150.00

Principal Place of Business
1735 BRANTLEY ROAD
913
FORT MYERS FL 33907

Mailing Address
1735 BRANTLEY ROAD
913
FORT MYERS FL 33907-3917



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip

City & State
Zip

4. FEI Number **65-0830632**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**BUTLER, GAREY F
HUMPHREY & KNOTT, P.A.
1625 HENDRY STREET, SUITE 301
FORT MYERS FL 33901**

7. Name and Address of New Registered Agent
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 _____ (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
TITLE ☐ Delete
D
STREET ADDRESS
CITY-ST-ZIP
1735 BRANTLEY ROAD, #913
FORT MYERS FL 33907
NAME
STREET ADDRESS
CITY-ST-ZIP
1735 BRANTLEY ROAD, #913
FORT MYERS FL 33907
TITLE ☐ Delete
D
STREET ADDRESS
CITY-ST-ZIP
1735 BRANTLEY ROAD, #913
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TITLE ☐ Delete
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CITY-ST-ZIP
1735 BRANTLEY ROAD, #913
FORT MYERS FL 33907
TITLE ☐ Delete
D
STREET ADDRESS
CITY-ST-ZIP
1735 BRANTLEY ROAD, #913
FORT MYERS FL 33907

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: James L. Sprague 4-10-2000 941-7277-9408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)