

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90127 017 ***150.00

DOCUMENT # P98000095897

1. Entity Name
ON THE LEVEL BUILDERS, INC.

Principal Place of Business 1925 PICADILLY CIR CAPE CORAL FL 33991	Mailing Address 1925 PICADILLY CIR CAPE CORAL FL 33991-3167
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2740 Bayshore Dr.	3. Mailing Address 2740 Bayshore Dr.
Suite, Apt. #, etc. Suite 5	Suite, Apt. #, etc. Ste. 5

City & State Naples FL	City & State Naples FL
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4. FEI Number 65-0873172	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip 34112	Country USA	Zip 34112	Country USA
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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

DEROUEN, SHELLY A
1953 COLONIAL BLVD
FT MYERS FL 33907

Name - Rolando Rodriguez
Street Address (P.O. Box Number is Not Acceptable) 2740-5 Bayshore Dr.
City Naples
State FL
Zip Code 34112

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **President** DATE **13 JAN 00**

Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE PTVS	<input type="checkbox"/> Delete	TITLE P/T/V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RODRIGUEZ, ROLANDO		NAME Rodriguez, Rolando	
STREET ADDRESS 1925 PICADILLY CIR		STREET ADDRESS 2740-5 Bayshore Dr.	
CITY-ST-ZIP CAPE CORAL FL 33991		CITY-ST-ZIP Naples FL 34112	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: DATE **13 JAN 00** DAYTIME PHONE # **941-793-8888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)