

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000095897

1. Entity Name
ON THE LEVEL BUILDERS, INC.

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

02-29-2000 90127 017 ***150.00

Principal Place of Business Mailing Address
1925 PICADILLY CIR 1925 PICADILLY CIR
CAPE CORAL FL 33991 CAPE CORAL FL 33991-3167



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2740 Bayshore Dr. 2740 Bayshore Dr.
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 5 Ste. 5
City & State City & State
Naples FL Naples FL

4. FEI Number Applied For
65-0873172 Not Applicable

Zip Country Zip Country
34112 USA 34112 USA

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

6. Name and Address of Current Registered Agent
DEROUEN, SHELLY A
1953 COLONIAL BLVD
FT MYERS FL 33907

7. Name and Address of New Registered Agent
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: [Signature] Title: 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

TITLE	<u>PTVS</u>	<input type="checkbox"/> Delete
NAME	<u>RODRIGUEZ, ROLANDO</u>	
STREET ADDRESS	<u>1925 PICADILLY CIR</u>	
CITY-ST-ZIP	<u>CAPE CORAL FL 33991</u>	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<u>P/T/V/S</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Rodriguez, Rolando</u>	
STREET ADDRESS	<u>2740-5 Bayshore Dr.</u>	
CITY-ST-ZIP	<u>Naples FL 34112</u>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: [Signature] Date: 13 JAN 00 Daytime Phone #: 941-793-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)