

# 2000 UNIFORM BUSINESS REPORT (UBR) AMENDED

DOCUMENT # 98000095897

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 JUN -9 AM 7:29

1. Entity Name  
The Level Builders, Inc.

Principal Place of Business: 2740 Bayshore Dr. Ste 5 Naples FL 34112  
Mailing Address: 2740 Bayshore Dr Ste 5 Naples FL 34112

00060709

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country  
3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

4. FEI Number: 65-0873172 Applied For 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  
Rolando Rodriguez  
2740-5 Bayshore Dr  
Naples FL 34112

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	P/T/V/S	<input type="checkbox"/> Delete
NAME	Rolando Rodriguez	
STREET ADDRESS	2740-5 Bayshore Dr	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	<del>SE</del>	<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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rolando Rodriguez	
STREET ADDRESS	2740-5 Bayshore Dr	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Melanie A. Watterson	
STREET ADDRESS	2740-5 Bayshore Dr	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	200003299592	
STREET ADDRESS	-06/21/00--01091--017	
CITY-ST-ZIP	*****61.25 *****61.25	
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		

DR 6/15

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: \_\_\_\_\_ Rolando Rodriguez 5/15/00 941-793-8888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)