

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90186 018 \*\*\*150.00

**DOCUMENT # P98000095897**

**1. Entity Name**  
**ON THE LEVEL BUILDERS, INC.**



**Principal Place of Business**

**2740 BAYSHORE DR**  
**SUITE 5**  
**NAPLES FL 34112**

**Mailing Address**

**2740 BAYSHORE DR**  
**SUITE 5**  
**NAPLES FL 34112**

**2. Principal Place of Business**

**460 29th St NW**  
Suite, Apt. #, etc.

**3. Mailing Address**

**460 29th St NW**  
Suite, Apt. #, etc.

**City & State**  
**Naples FL**

**City & State**  
**Naples FL**

**4. FEI Number** **65-0873172**

**Applied For**  
**Not Applicable**

**Zip**  
**34120**

**Country**  
**USA**

**Zip**  
**34120**

**Country**  
**USA**

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

**6. Name and Address of Current Registered Agent**

**RODRIGUEZ, ROLANDO**  
**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)**

**460 29th St NW**

**City** **Naples**

**FL**

**Zip Code** **34120**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** **Rolando Rodriguez**

**1/30/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PT** ☐ Delete  
**NAME** **RODRIGUEZ, ROLANDO**  
**STREET ADDRESS** **2740-5 BAYSHORE DR**  
**CITY-ST-ZIP** **NAPLES FL 34112**

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **460 29th St NW**  
**CITY-ST-ZIP** **Naples FL 34120**

**TITLE** **VS** ☐ Delete  
**NAME** **RODRIGUEZ, MELANIE W**  
**STREET ADDRESS** **2740-5 BAYSHORE DR**  
**CITY-ST-ZIP** **NAPLES FL 34112**

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **460 29th St NW**  
**CITY-ST-ZIP** **Naples FL 34120**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
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**CITY-ST-ZIP**

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** **USION Rodriguez**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**1/30/03** **239.793.8888**  
Date Daytime Phone #

0030500 AV

CR2E034 (10/02)