

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90170 046 ***150.00

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DOCUMENT # P99000023212

1. Entity Name

LEVY HACKETT PICKERING & ASSOCIATES, INC.

Principal Place of Business

**8030 PETERS ROAD, STE. D-102
PLANTATION FL 33324**

Mailing Address

**8030 PETERS ROAD, STE. D-102
PLANTATION FL 33324**

2. Principal Place of Business

7901 SW 6TH COURT

Suite, Apt. #, etc.

SUITE 110

3. Mailing Address

7901 SW 6TH COURT

Suite, Apt. #, etc.

SUITE 110

City & State

PLANTATION FL

City & State

PLANTATION FL

Zip

33324

Country

USA

Zip

33324

Country

USA

4. FEI Number

65-0914896

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

**BOWERS, DAVID E. ESQ.
% ROGERS, BOWERS, DEMPSEY, & PALAD
505 S FLAGLER DRIVE # 1330
WEST PALM BEACH FL 33401**

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

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

(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, 2002 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 **D** ☐ Delete
NAME **HACKETT, KENNETH F**
STREET ADDRESS **8030 PETERS ROAD, STE. D-102**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **D** ☐ Delete
NAME **PICKERING, KAREN**
STREET ADDRESS **8030 PETERS ROAD, STE. D-102**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **D** ☐ Delete
NAME **LEVY, BARRY MAX**
STREET ADDRESS **100 S PINE ISLAND RD., STE 202**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7901 SW 6TH COURT STE 110**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **11**

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARRY MAX LEVY

4-9-02

Date

954-472-4100

Daytime Phone #

CR2E034 (9/01)