

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90757 030 ***150.00

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1. Entity Name
LEVEL TEN CONSULTING, INC.



Principal Place of Business
**4300 NORTH OCEAN BOULEVARD
#208
FORT LAUDERDALE FL 33308**

Mailing Address
**4300 NORTH OCEAN BOULEVARD
#208
FORT LAUDERDALE FL 33308**



2. Principal Place of Business

2605 ANDERSON RD #4
Suite, Apt. #, etc.

3. Mailing Address

2605 ANDERSON RD #4
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Coral Gables FL

City & State
Coral Gables FL

4. FEI Number **65-0915058**

Applied For
Not Applicable

Zip Country
33134 DADE

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33134 DADE

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

6. Name and Address of Current Registered Agent

**FARVER, WILLIAM T
4300 NORTH OCEAN BOULEVARD
#208
FORT LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

Name
2605 ANDERSON RD #4
Street Address (P.O. Box Number is Not Acceptable)
City **Coral Gables** FL Zip Code **33134**

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 *William T. Farver* **WILLIAM T. FARVER President** **4/26/2003**
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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	FARVER, WILLIAM T	4300 NORTH OCEAN BOULEVARD	FORT LAUDERDALE FL 33308	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		2605 ANDERSON RD #4	Coral Gables, FL 33134	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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: *William T. Farver* **WILLIAM T. FARVER** **4/26/2003 (786) 200-6200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)