

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90081 009 ***150.00

DOCUMENT # P99000052774

1. Entity Name
LEVEL BEST INC.

Principal Place of Business Mailing Address
2692 ALLAMOSA PLACE **2692 ALLAMOSA PLACE**
LAKE MARY FL 32746 **LAKE MARY FL 32746**

2. Principal Place of Business 3. Mailing Address
2692 Alamosa Pl **2692 Alamosa Pl**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Lake Mary, FL **Lake Mary, FL**
 Zip Country Zip Country
32746 **USA** **32746** **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3585032** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
DRATYON, VINCENT Name **Drayton, Vincent**
2692 ALLAMOSA PLACE Street Address (P.O. Box Number is Not Acceptable)
LAKE MARY FL 32746 **2692 Alamosa Pl**
 City Zip Code
Lake Mary **FL** **32746**

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 *Vincent M. Drayton* **Vincent Drayton President** **3/21/01**
 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. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAYTON, VINCENT		NAME	Drayton, Vincent	
STREET ADDRESS	2692 ALLAMOSA PLACE		STREET ADDRESS	2692 Alamosa Pl	
CITY-ST-ZIP	LAKE MARY FL 32746		CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAYTON, LUCIA		NAME	Drayton, Lucia	
STREET ADDRESS	2692 ALLAMOSA PLACE		STREET ADDRESS	2692 Alamosa Pl	
CITY-ST-ZIP	LAKE MARY FL 32746		CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBB, FAYTHA		NAME	WE BB, Faytha	
STREET ADDRESS	2692 ALLAMOSA PLACE		STREET ADDRESS	1832 N. Hiwassee Rd	
CITY-ST-ZIP	LAKE MARY FL 32746		CITY-ST-ZIP	Orlando, FL 32818	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Vincent M. Drayton* **Vincent Drayton** **3/21/01** **407-302-3197**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)