

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90016 030 ***150.00

DOCUMENT # P99000065229
 1. Entity Name
SOUTHERN PINE BUILDERS OF VENICE, INC.

Principal Place of Business 5044 SOUTHERN PINE CIRCLE VENICE FL 34293	Mailing Address 5044 SOUTHERN PINE CIRCLE VENICE FL 34293-4259
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0935750	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
LEVIN, CHERI L 5044 SOUTHERN PINE CIRCLE VENICE FL 34293	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	Zip Code
	FL	

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. <input checked="" type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE A	Paul W Levin <input type="checkbox"/> Delete	TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul W Levin	NAME	Paul W Levin
STREET ADDRESS	5044 Southern Pine Circle	STREET ADDRESS	5044 Southern Pine Circle
CITY-ST-ZIP	Venice, FL 34293	CITY-ST-ZIP	Venice, FL 34293
TITLE KA	Cheri L Levin <input type="checkbox"/> Delete	TITLE	Cheri L Levin Vice Pres <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cheri L Levin	NAME	Cheri L Levin
STREET ADDRESS	5044 Southern Pine Circle	STREET ADDRESS	5044 Southern Pine Circle
CITY-ST-ZIP	Venice, FL 34293	CITY-ST-ZIP	Venice, FL 34293
TITLE 5	Cheri L Levin <input type="checkbox"/> Delete	TITLE	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cheri L Levin	NAME	Cheri L Levin
STREET ADDRESS	5044 Southern Pine Circle	STREET ADDRESS	5044 Southern Pine Circle
CITY-ST-ZIP	Venice, FL 34293	CITY-ST-ZIP	Venice, FL 34293
TITLE A	Cheri L Levin <input type="checkbox"/> Delete	TITLE	Treas. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cheri L Levin	NAME	Cheri L Levin
STREET ADDRESS	5044 Southern Pine Circle	STREET ADDRESS	5044 Southern Pine Circle
CITY-ST-ZIP	Venice, FL 34293	CITY-ST-ZIP	Venice, FL 34293
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: **Paul W Levin (President)** Date: **941-492-4207**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)