

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90110 043 ***150.00

0569420 AV

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**



2. Principal Place of Business
4252 Spicetree ST
Suite, Apt. #, etc.

3. Mailing Address
4252 Spicetree ST
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Venice FL

City & State
Venice FL

4. FEI Number
65-0935750

Applied For
 Not Applicable

Zip
34293

Country
USA

Zip
34293

Country
USA

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

**LEVIN, CHERI L
5044 SOUTHERN PINE CIRCLE
VENICE FL 34293**

Name
Street Address (P.O. Box Number is Not Acceptable)
4252 Spicetree ST
City
Venice FL Zip Code
34293

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 _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **P LEVIN, PAUL W**
STREET ADDRESS **5044 SOUTHERN PINE CIRCLE**
CITY-ST-ZIP **VENICE FL 34293**

TITLE Change Addition
NAME **ADDRESS ONLY**
STREET ADDRESS **4252 Spicetree ST**
CITY-ST-ZIP **Venice FL 34293**

TITLE Delete
NAME **VPST LEVIN, CHERIL**
STREET ADDRESS **5044 SOUTHERN PINE CIRCLE**
CITY-ST-ZIP **VENICE FL 34293**

TITLE Change Addition
NAME **ADDRESS ONLY**
STREET ADDRESS **4252 Spicetree ST**
CITY-ST-ZIP **Venice FL 34293**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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: **Cheril L. Levin VPST** Date: **4/1/03** Daytime Phone #: **941-492-4207**

CRZE034 (10/02)