

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-01-2003 90986 007 ***150.00

DOCUMENT # P99000086316

1. Entity Name
SIX TABLES, INC.



Principal Place of Business
**118 WEST BAY DR
LARGO FL 33770**

Mailing Address
**118 WEST BAY DR
LARGO FL 33770**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3618670**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVI, ROLAND

1126 KING ARTHUR CT *19829 Gulf Blvd Unit 103 Indian Shores 33785*
APT 410
DUNEDIN FL 34698

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Indian Shores

FL

Zip Code

33785

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DS** ☐ Delete
NAME **LEVI, GAIL**
STREET ADDRESS **1126 KING ARTHUR COURT UNIT 410**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE ☒ Change ☐ Addition
NAME **LEVI, GAIL**
STREET ADDRESS **19829 GULF BLVD UNIT 103**
CITY-ST-ZIP **INDIAN SHORES FL 33785**

TITLE **PD** ☐ Delete
NAME **LEVI, ROLAND**
STREET ADDRESS **1126 KING ARTHUR COURT UNIT 410**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE ☒ Change ☐ Addition
NAME **LEVI, ROLAND**
STREET ADDRESS **19829 GULF BLVD UNIT 103**
CITY-ST-ZIP **INDIAN SHORES FL 33785**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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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:

Signature and Typed Name of Signing Officer or Director

April 29 to 2003 (727) 7368821

CR2E034 (10/02)