

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90029 018 \*\*\*150.00

**DOCUMENT # V18573**

1. Entity Name  
**JIM LEVY CONSULTING, INC.**

Principal Place of Business

Mailing Address

~~3234 LAUREL OAK LANE~~  
**HOLLYWOOD FL 33021**

~~3234 LAUREL OAKS LANE~~  
**HOLLYWOOD FL 33021**  
 US

817283



2. Principal Place of Business

3. Mailing Address

~~2722 WEST LAKE ESTATE DR~~ **2722 WEST LAKE ESTATE DR**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**DAVIS FL**

City & State  
**DAVIS FL**

4. FEI Number **65-0314948**

Applied For  
 Not Applicable

Zip **33328** Country

Zip **33328** Country

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

**JAY SCOTT R**  
**420 LINCOLN ROAD**  
**SUITE 327**  
**MIAMI BEACH FL 33021**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.   
 (See criteria on back)

**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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>LEVY, ABRAHAM</b>
STREET ADDRESS	<del>3234 LAUREL OAK LANE</del> <b>HOLLYWOOD FL</b>
CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>LEVY, MIRIAM</b>
STREET ADDRESS	<del>3234 LAUREL OAK LANE</del> <b>HOLLYWOOD FL</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>2722 WEST LAKE ESTATE DR</b>
CITY-ST-ZIP	<b>DAVIS FL 33328</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>2722 WEST LAKE ESTATE DR</b>
CITY-ST-ZIP	<b>DAVIS FL 33328</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (10/00)

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: *D. Adams* Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR