

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V24843

1. Entity Name

LEVANA CORPORATION

FILED
Sep 19, 2000 8:00 am
Secretary of State

09-19-2000 90051 001 *1,500.00

Principal Place of Business

8120 ANDERSON ROAD
TAMPA FL 33634-2395
US

Mailing Address

PO BOX 15811
C/O ART MART
TAMPA FL 33684-5811
US

2. Principal Place of Business

3. Mailing Address

c/o Art Mart

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8120 Anderson Road

City & State

City & State

Tampa FL

4. FEI Number

59-3259248

Applied For

Not Applicable

Zip

Country

33634-2318

Zip

Country

33634-2318

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

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

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.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00

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 **P** ☐ Delete
NAME **SHERMAN, RANDALL**
STREET ADDRESS **3921 DRAYTON WAY**
CITY-ST-ZIP **PALM HARBOUR FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1728 Cypress Creek Road**
CITY-ST-ZIP **Lutz FL 33549**

TITLE **D** ☐ Delete
NAME **SHERMAN, DIANE**
STREET ADDRESS **3921 DRAYTON WAY**
CITY-ST-ZIP **PALM HARBOUR FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1728 Cypress Creek Road**
CITY-ST-ZIP **Lutz FL 33549**

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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:

[Signature] **REQUIRE** Sherman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/00

Date

813-884-5554

Daytime Phone #

CR2E034 (5/00)