

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000083536

1. Entity Name

LEWEL DEVELOPMENT CORP.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90717 014 ***150.00

Principal Place of Business 8380 BAYMEADOWS ROAD SUITE 9 JACKSONVILLE FL 32256	Mailing Address 8380 BAYMEADOWS ROAD SUITE 9 JACKSONVILLE FL 32256-7435
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number **59-3600342** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
WELCH, THOMAS A
8380 BAYMEADOWS ROAD
SUITE 9
JACKSONVILLE FL 32256

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 _____ (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 \$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. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WELCH, THOMAS A	
STREET ADDRESS	2154 SOFTWIND TRAIL WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLOURNOY, KATHERINE E	
STREET ADDRESS	2279 THE WOODS DRIVE EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathie V. Gunning	
STREET ADDRESS	5516 Knob Hill	Secy/Treasurer
CITY-ST-ZIP	Middleburg FL 32068	
TITLE	Pres/Dir.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Welch, Thomas A.	
STREET ADDRESS	8380 Baymeadows Rd Suite 9	
CITY-ST-ZIP	Jax, FL 32256	
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		

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 REQUIRED** **4/28/00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (9/99)