

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jul 19, 2001 8:00 am
Secretary of State


05-16-2001 90137 001 ***750.00

DOCUMENT # P99000083536
 1. Entity Name
LEWEL DEVELOPMENT CORP.

Principal Place of Business Mailing Address
8380 BAYMEADOWS ROAD **8380 BAYMEADOWS ROAD**
SUITE 9 **SUITE 9**
JACKSONVILLE FL 32256 **JACKSONVILLE FL 32256**

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

City & State City & State
 Zip Country Zip Country

(0000)

 DO NOT WRITE IN THIS SPACE

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
FAISON, JUDY C
12535 MISSION HILLS CIRCLE S.
JACKSONVILLE FL 32221

7. Name and Address of New Registered Agent
 Name **Katherine E. Flournoy**
 Street Address (P.O. Box Number is Not Acceptable)
2279 The Woods Dr. E.
 City **Jacksonville** FL Zip Code **32246**

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 *Katherine E. Flournoy*
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 \$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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WELCH, THOMAS A 8380 BAYMEADOWS RD STE 9 JACKSONVILLE FL 32256	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLOURNOY, KATHERINE E 2279 THE WOODS DRIVE EAST JACKSONVILLE FL 32246	<input type="checkbox"/> Delete PRES.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GUNNING, KATHIE V 5516 KNOB HILL MIDDLEBURG FL 32068	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sharon Horton 1904 Eclipse Dr. Middleburg, FL 32068	<input type="checkbox"/> Delete Secr. Treas
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Faison, Judy C 1235 Mission Hills Circle S. Jacksonville, FL 32221	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	McGonn, Lewis 8380 Baymeadows Rd #9 Jacksonville, FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V.P.
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Katherine E. Flournoy* 4/30/2001 (904) 221-2243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED34 (10/00)

Attachment
Doc # P99000083536
7/6/05



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 29, 2001

LEWEL DEVELOPMENT CORP.
8380 BAYMEADOWS ROAD
SUITE 9
JACKSONVILLE, FL 32256

Subject: LEWEL DEVELOPMENT CORP.

Reference Number: P99000083536

Please be advised, we have received your annual report/uniform business report and check(s) totaling \$750.00 of which \$150.00 has been designated to file this report. However, the enclosed annual report/uniform business report **has not been filed** and a copy is being returned to you for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

was previously faxed June 17th

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ANNUAL REPORTS SECTION