

2001 UNIFORM BUSINESS REPORT (UBR)

5/17/01-90404-018-\$150.00-\$150.00

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DOCUMENT # P00000082204

1. Entity Name

LEVITT/MENNING GROUP, INC.

Principal Place of Business

291 S LORRAINE DR
MARY ESTHER FL 32569

Mailing Address

291 S LORRAINE DR
MARY ESTHER FL 32569

2. Principal Place of Business

285 PAYNE ST
Suite, Apt. #, etc.
#44

3. Mailing Address

P.O. BOX 1156
Suite, Apt. #, etc.

City & State

DESTIN

City & State

DESTIN

4. FEI Number

59 3666046

Applied For

Not Applicable

Zip

32550

Country

WALTON

Zip

32540

Country

OKALOOSA

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

6. Name and Address of Current Registered Agent

FOSTER, JAMES J
30 S SHORE DRIVE
DESTIN FL 32550

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 \$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	D	Delete
NAME	MENNING, SHANE M	
STREET ADDRESS	291 S LORRAINE DR	
CITY-ST-ZIP	MARY ESTHER FL 32569	
TITLE	D	Delete
NAME	LEVITT, MATTHEW E	
STREET ADDRESS	291 S LORRAINE DR	
CITY-ST-ZIP	MARY ESTHER FL 32569	
TITLE	BOBBY GARRISON L	Delete
NAME	285 PAYNE ST	
STREET ADDRESS	DESTIN FL 32550	
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	PRESIDENT / TREASURER	Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	VICE-PRESIDENT / SECRETARY	Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	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:

Matt Levitt

MATT LEVITT

04 25 01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Bookkeeping & Etc. on Wheels, Inc.

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September 18, 2001

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

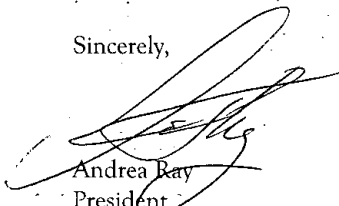
RE: Levitt/Menning Group, Inc.
Reference No.: P00000082204

Dear Sirs:

This is a follow-up letter for my client Levitt/Menning Group, Inc. During a recent corporate name search for a new client, I noticed that the information provided on the annual report has not been updated. I would like to confirm that you did receive my letter with a copy of the annual report and the Federal ID number as you requested in your letter dated May 30th.

For your convenience I have enclosed another copy of the report. If you have any further questions or require additional information, please do not hesitate to contact me at (850) 729-8998 or my client directly.

Sincerely,


Andrea Ray
President