2002 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2002 8:00 am § Secretary of State **DOCUMENT #** P01000024390 1. Entity Name 04-17-2002 90160 028 ***150 00 LEVINGS GROUP, INC. LEVINGS HOLDINGS, INC. Principal Place of Business Mailing Address 2727 NW 43 ST. STE 5-C 2727 NW 43 ST. STE 5-C GAINESVILLE FL 32606 GAINESVILLE FL 32606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3110566 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRUST, STEVEN E ESQ Street Address (P.O. Box Number is Not Acceptable) 50 N LAURA ST, STE 2200 JACKSONVILLE FL 32202 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change TITLE ☐ Delete TITLE Р ☐ Addition CR2E034 (9/01 NAME LEVINGS, ALBERT S NAME STREET ADDRESS 6109 NW 47 PL STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32653 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change PRICE, NED I NAME NAME STREET ADDRESS 3127 ATLANTIC BLVD, STE 3 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32207 CITY-ST-ZIP TITLÉ Delete TITLE Change - - - Addition NAME vrust, steven e BRUST, STEVEN E. NAME STREET ADDRESS 50 N LAURA ST, STE 2200 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32202 CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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

SIGNATURE:

WONKED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered