

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000037654

1. Entity Name

LEVITT & MURRELL, INC.

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

05-05-2000 90095 048 ***158.75

Principal Place of Business	Mailing Address
ATTN: DEBORAH L. LANGE Corp. Acctg. 375 COMMERCE PARKWAY, SUITE 201 ROCKLEDGE FL 32955	ATTN: DEBORAH L. LANGE Corp. Acctg. 375 COMMERCE PARKWAY, SUITE 201 ROCKLEDGE FL 32955-4209



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Attn: Corporate Accounting	Attn: Corporate Accounting
Suite, Apt. #, etc.	Suite, Apt. #, etc.
375 Commerce Parkway	375 Commerce Parkway
City & State	City & State
Rockledge, FL	Rockledge, FL
Zip	Country
32955	USA

4. FEI Number	59-3250170	Applied For
		Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUCHANAN, MARK S
 375 COMMERCE PKWY STE 201
 ROCKLEDGE FL 32922

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	LONG, DONALD J	NAME	
STREET ADDRESS	375 COMMERCE PKWY STE 201	STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL 32955	CITY-ST-ZIP	
TITLE	STD	TITLE	
NAME	BUCHANAN, MARK S	NAME	
STREET ADDRESS	375 COMMERCE PKWY STE 201	STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL 32955	CITY-ST-ZIP	
TITLE	VPD	TITLE	
NAME	HOUSER, DAVID W	NAME	
STREET ADDRESS	375 COMMERCE PKWY STE 201	STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL 32955	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Donald J. Long
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00

Date

Daytime Phone #

CR2E034 (9/99)