

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000041145

1. Entity Name

LEVINGS AND ASSOCIATES, INC

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90206 048 ***150.00

Principal Place of Business

Mailing Address

2218 RAHAN DR
 TALLAHASSEE FL 32308

2218 RAHAN DR
 TALLAHASSEE FL 32308

2. Principal Place of Business

3. Mailing Address

2218 MAHAN DR
 Suite, Apt. #, etc.

2218 MAHAN DR
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Tallahassee, FL

Tallahassee, FL

4. FEI Number

59-2836224

Applied For

Not Applicable

Zip

Country

Zip

Country

32308 USA

32308 USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVINGS, CHARLES
 6923 HANGING VINE WAY
 TALLAHASSEE FL 32311

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 _____ DATE _____
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 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	PST	<input type="checkbox"/> Delete
NAME	LEVINGS, CHARLES	
STREET ADDRESS	6923 HANGING VINE WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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: Charles Levings **Charles LEVINGS** 4/24/00 850-942-2077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2: 0041145