

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90160 013 ***150.00

DOCUMENT # **V17972**

1. Entity Name

Levings Group, Inc.

831087

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2727 NW 43rd Street

Suite, Apt. #, etc.

Suite 5-C

City & State

Gainesville FL

Zip

32606

Country

U.S.A.

3. Mailing Address

2727 NW 43rd Street

Suite, Apt. #, etc.

Suite 5-C

City & State

Gainesville

Zip

32606

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3110566

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Ronald A. Carpenter

Street Address (P.O. Box Number is Not Acceptable)

Attorney at Law

5608 NW 43rd Street

City

Gainesville

FL

Zip Code

32653

**DO NOT WRITE
IN THIS SPACE**

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 if not 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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **P/C/T**
NAME **Albert S. Levings**
STREET ADDRESS **2727 NW 43rd Street, Suite 5-C**
CITY-ST-ZIP **Gainesville, Florida 32606**

TITLE **V/D/S**
NAME **Kelley M. Hughes**
STREET ADDRESS **525 N. Ocean Boulevard**
CITY-ST-ZIP **Pompano Beach Florida 33062**

TITLE **D**
NAME **Stephen E. Brust**
STREET ADDRESS **50 N. Laura St.**
CITY-ST-ZIP **Suite 2200 Bank of America Tower Jacksonville, Florida 32202**

TITLE **D**
NAME **Lisa Tagliarino**
STREET ADDRESS **cb Coca Cola USA**
CITY-ST-ZIP **Post office Box 1268 Houston Texas 77251**

TITLE
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/02

352-338-8460 x 13

Albert S. Levings - President + Chairman of the Board

CR2E034B (12/01)

2002 UNIFORM BUSINESS REPORT (UBR)

Attachment
831087

0063616 AV

DOCUMENT # **V17972**

1. Entity Name
LEVINGS-WILSON GROUP, INC.

Principal Place of Business

**2727 NW 43RD STREET
SUITE 5-C
GAINESVILLE FL 32606
US**

Mailing Address

**2727 NW 43RD STREET
SUITE 5-C
GAINESVILLE FL 32606
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3110566**

Applied For

Not Applicable

Zip

Country

Zip

Country

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, ALBERT S
10000 SW 52ND AVE APT 085
GAINESVILLE FL 32608**

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, 2002 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 **PT** ☐ Delete
NAME **LEVINGS, ALBERT S**
STREET ADDRESS **6 BUTLER BLVD.**
CITY-ST-ZIP **LAKE CITY FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)