

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90122 016 ***150.00

DOCUMENT # V17972

1. Entity Name
LEVINGS 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

Zip

Country

Zip

Country

4. FEI Number **59-3110566**

Applied For

Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CARPENTER, RONALD A
ATTORNEY AT LAW
5608 NW 43RD STREET
GAINESVILLE FL 32653**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCT
LEVINGS, ALBERT S
2727 NW 43RD ST., STE 5-C
GAINESVILLE FL 32606** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
HINSHAW, TYSON L.
4923 NW 62 ST
GAINESVILLE, FL 32606** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VDS
HUGHES, KELLEY M
525 N. OCEAN BOULEVARD
POMPANO BEACH FL 33062** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VDS
DIVETO, KELLEY H.
525 N. OCEAN BOULEVARD
POMPANO BEACH, FL 33062** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BRUST, STEPHEN E
BANK OF AMER TOWER 50 N LAURA ST STE 2200
JACKSONVILLE FL 32202** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TAGLIARINO, LISA
C/O COCA COLA USA P.O. BOX 1268
HOUSTON TX 77251** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/03 352-338-8460

Date

Daytime Phone #

CR2E034 (10/02)