

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43739

1. Entity Name

LOVE INC OF TAYLOR COUNTY CORPORATION

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90172 030 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business P. O. BOX 1842 PERRY FL 32347	Mailing Address P. O. BOX 1842 PERRY FL 32348-7842
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3074815	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREEN, MELODY G
178 LANDRY ROAD
PERRY FL 32347

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	GREENE, MELODY G
STREET ADDRESS	178 LANDRY RD
CITY-ST-ZIP	PERRY FL
TITLE	DVP <input type="checkbox"/> Delete
NAME	DAVIS, ELIZABETH
STREET ADDRESS	211 PINELAND
CITY-ST-ZIP	PERRY FL
TITLE	T. <input type="checkbox"/> Delete
NAME	BARBAREE, R. P.
STREET ADDRESS	1501 E GREEN ST
CITY-ST-ZIP	PERRY FL 32347
TITLE	DS <input type="checkbox"/> Delete
NAME	MADELINE MOORE
STREET ADDRESS	210 PINELAND
CITY-ST-ZIP	PERRY FL 32347
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 617, 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]* **REQUIRE** **4/19/02** **850 838 1213**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)