2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43739

1. Entity Name

LOVE INC OF TAYLOR COUNTY CORPORATION



FILED May 13, 2003 8:00 am Secretary of State

05-13-2003 90046 012 ****61.25

Principal Plac	e of Business	Mailing Address						
P. O. BOX 1842 PERRY FL 32347		P. O. BOX 1842 PERRY FL 32347						
				i 1861(181 611 818)			NI 8489 (18)	
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		4. FEI Number 59-3074815 Applied Fo Not Applied			
Zip	Country	Zip	Country	5. Certificate of Stat	us Desired	8.75 Add	litional	
	6. Name and Address of Current F	Registered Agent		7. Name and Addre	ss of New Registered Ag	ent	,	
			Name					
GREEN, MELODY G 178 LANDRY ROAD			Street Address		(P.O. Box Number is Not Acceptable)			
PERRY I	FL 32347							
			City		FL	Zip Code	€	
	named entity submits this statement for	the purpose of changing its	registered office or regi	stered agent, or both, in th	e State of Florida. I am far	niliar with,	and accept	
the obligat	ions of registered agent.							
SIGNATURE .								
0.0.2.0.1.2	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE	: Registered Agent signature req	quired when reinstating)	DATE			
				\$5.00 May Be				
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.		Make Check		to	
• `		Trust Fund C	ontribution.		Florida Denarto	ent of S	State	
~ 0	ing the second s	Trust Fund C	Contribution.	Added to Fees	Florida Departn	nent of S	State	
10.	OFFICERS AND DIR	ECTORS	ontribution.	Added to Fees	TO OFFICERS AND DIRE	CTORS IN	10	
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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.

952 584 1228