

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000003067

FILED
Jan 24, 2002 8:00 AM
Secretary of State

Entity Name: LOCKS OF LOVE INC.

Current Principal Place of Business:

1640 S. CONGRESS AVENUE
SUITE 104
PALM SPRINGS, FL 33461

New Principal Place of Business:

Current Mailing Address:

1640 S. CONGRESS AVENUE
SUITE 104
PALM SPRINGS, FL 33461

New Mailing Address:

FEI Number: 65-0755522 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
MIAMI, FL 331313209 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COFFMAN, MADONNA
Address: 1640 S. CONGRESS AVENUE, STE. 104
City-St-Zip: PALM SPRINGS, FL 33461

Title: D () Delete
Name: HENDLEY, WILLIAM
Address: 1640 S. CONGRESS AVE #104
City-St-Zip: PALM SPRINGS, FL 33461

Title: D () Delete
Name: BECK, CHRISTINE
Address: 1640 S. CONGRESS AVENUE, STE. 104
City-St-Zip: PALM SPRINGS, FL 33461

Title: D () Delete
Name: RAESE, ELIZABETH S
Address: 286 JAMAICA LN
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: LEIXNER, TIMOTHY C
Address: ONE EAST BROWARD BLVD., STE. 1300
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: VP () Delete
Name: SHELL, DORIS
Address: 1640 S. CONGRESS AVENUE, STE. 104
City-St-Zip: PALM SPRINGS, FL 33461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MADONNA COFFMAN

P

01/24/2002

Electronic Signature of Signing Officer or Director

_____ Date