

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000005241

FILED
Jan 09, 2003
Secretary of State

Entity Name: LOVE'S AIRPARK INC. EAA CHAPTER #1236

Current Principal Place of Business:

41524 KITTY HAWK DR
WEIRSDALE, FL 32195

New Principal Place of Business:

Current Mailing Address:

17790 SE 158TH CT
WEIRSDALE, FL 32195

New Mailing Address:

FEI Number: 59-3550988

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANE, JULIE
17790 S.E. 158TH COURT
WEIRSDALE, FL 32195

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: ST () Delete
Name: DANE, JULIE
Address: 17790 S.E. 159TH COURT
City-St-Zip: WEIRSDALE, FL 32195

Title: PD () Delete
Name: MOSELY, CHUCK
Address: 41524 KITTY HAWK DR
City-St-Zip: WEIRSDALE, FL 32195

Title: VPT () Delete
Name: BROWN, RAY
Address: 17610 SE 158TH CT
City-St-Zip: WEIRSDALE, FL 32195

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:

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: JULIE DANE

ST

01/09/2003

Electronic Signature of Signing Officer or Director

_____ Date