

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90033 028 ***550.00

DOCUMENT # P00000014632

1. Entity Name
TM LOVE + ASSOCIATES, P.A.

Principal Place of Business

**200 E. ROBINSON STREET
 SUITE 1180
 ORLANDO FL 32801**

Mailing Address

**200 E. ROBINSON STREET
 SUITE 1180
 ORLANDO FL 32801**

2. Principal Place of Business

395 Menashe Ct.

Suite, Apt. #, etc.

3. Mailing Address

395 Menashe Ct.

Suite, Apt. #, etc.

City & State

Longwood, FL

Zip **32779**

Country

Seminole

City & State

Longwood, FL

Zip **32779**

Country

Seminole

4. FEI Number

59-3623436

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**POOLE, WILLIAM F IV
 200 E. ROBINSON STREET
 SUITE 1180
 ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name **Poole, William F, IV**
 Street Address (P.O. Box Number is Not Acceptable)
195 WeKiva Springs Rd. STE 204
 City **Longwood** State **FL** Zip Code **32779**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **8/3/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D LOVE, THOMAS M P.E.	395 MENASHE COURT	LONGWOOD FL 32779	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		395 MENASHE COURT	LONGWOOD FL 32779	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **8/3/01**

Daytime Phone # **(407) 750-...**

CFR2E034 (5/01)