

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2003 8:00 am
Secretary of State
 03-04-2003 90074 033 ***150.00

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DOCUMENT # P01000031952

1. Entity Name
LOVE THAT HOUSE, INC.



Principal Place of Business
**5399 E. CO. HWY., 30-A
 SANTA ROSA BEACH FL 32459**

Mailing Address
**5399 E. CO. HWY., 30-A
 SANTA ROSA BEACH FL 32459**



2. Principal Place of Business
 Suite, Apt. #, etc.
31 Seawinds Court

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
SANTA ROSA Bch FL

City & State
SANTA ROSA Bch FL

Zip
32459

Country

4. FEI Number **59-3710672**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**BENSON, RICHARD N
 5399 E. CO. HWY., 30-A
 SANTA ROSA BEACH FL 32459**

7. Name and Address of New Registered Agent
 Name
BENSON, RICHARD N.
 Street Address (P.O. Box Number is Not Acceptable)
31 Seawinds Court
 City
SANTA ROSA Beach FL Zip Code
32459

address change only →

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Richard N. Benson* DATE **3/2/03**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENSON, RICHARD N 5399 E. CO. HWY., 30-A SANTA ROSA BEACH FL 32459 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	31 Seawinds Court Santa Rosa Bch FL 32459 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HABIB, S.A. 2405 STERLING RD NASHVILLE TN 37215 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BENSON, ZINAT H 5399 E. CO. HWY., 30-A SANTA ROSA BEACH FL 32459 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	31 Seawinds Court Santa Rosa Bch FL 32459 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HABIB, JENNIFER P 2405 STIRLING RD NASHVILLE TN 37215 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: *Richard N. Benson* **RICHARD N BENSON** DATE **3/2/03** DAYTIME PHONE # **850-534-4509**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)