

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000074740

1. Entity Name

LOVELL DEVELOPMENT, INC.

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90090 027 ***150.00

Principal Place of Business

Mailing Address

1805 CRYSTAL DR
SUITE 505
ARLINGTON VA 22202
US1805 CRYSTAL DR
SUITE 505
ARLINGTON VA 22202
US

2. Principal Place of Business

3. Mailing Address

1508 Harbor Road
Suite, Apt. #, etc.1508 Harbor Road
Suite, Apt. #, etc.

City & State

City & State

Williamsburg, VA

Williamsburg VA

Zip

Country

23185

James City

Zip

Country

23185

James City

4. FEI Number 57-1012528

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRIM, DANIEL S
13 1/2 NORTH FOURTH STREET
FERNANDINA BEACH FL 32034

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LOVELL, JIMMY S
1805 CRYSTAL DR STE 505
ARLINGTON VA 22202 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1548 Harbor Road
Williamsburg, VA 23185 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 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

Daytime Phone #

CR2E034 (10/00)