

2002 UNIFORM BUSINESS REPORT (UBR)

3/13

FILED
Apr 24, 2002 8:00 am
Secretary of State

03-13-2002 90131 048 ****61.25

DOCUMENT # N94000005262

1. Entity Name

THE LOVELANDERS, INC.

Principal Place of Business

157 HAVANA RD.
 VENICE FL 34293

Mailing Address

157 HAVANA RD.
 VENICE FL 34293

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0551561**

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

ROBERTS, GREGORY C
341 W VENICE AVE
VENICE FL 34285

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** Delete
 NAME **LAING, KATHY**
 STREET ADDRESS **124 CORAL RD**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE **T** Change Addition
 NAME **GEORGE KRÖZSER 'D'**
 STREET ADDRESS **576 MOSSY CREEK DR**
 CITY-ST-ZIP **VENICE FL 34292**

TITLE **S** Delete
 NAME **MACKAY, JOYCE**
 STREET ADDRESS **604 PAGET DR.**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE **S** Change Addition
 NAME **JOY FERNANDEZ**
 STREET ADDRESS **330 TROJAN Rd.**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE **RS** Delete
 NAME **ZELLER ETHEL**
 STREET ADDRESS **403 WELLINGTON COURT**
 CITY-ST-ZIP **VENICE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CS** Delete
 NAME **ANDERSON, SHIRLEY**
 STREET ADDRESS **326 JACARANDA CIR**
 CITY-ST-ZIP **VENICE FL 34292**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **SPINO, RITA**
 STREET ADDRESS **1803 FLAMETREE LANE**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE **P** Change Addition
 NAME **JOSEPHINE BITTMANN 'D'**
 STREET ADDRESS **518 GRADO DR**
 CITY-ST-ZIP **VENICE FL 34292**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 617, 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: George Krozser
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/02 941-488-8466
 Date Daytime Phone #

CR2E037 (9/01)