

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000000302

FILED
Sep 12, 2002
Secretary of State

Entity Name: LOVING SPACE, INC.

Current Principal Place of Business:

1557 W. SILVER BEACH ROAD
RIVIERA BEACH, FL 33404

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10862
RIVIERA BEACH, FL 334190862 US

New Mailing Address:

FEI Number: 65-0553323

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DAVIS, BETTY
1557 W. SILVER BEACH ROAD
RIVIERA BEACH, FL 33404 US

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: PD () Delete
Name: DAVIS, BETTY
Address: 1557 W. SILVER BEACH ROAD
City-St-Zip: RIVIERA BEACH, FL 33404

Title: CD () Delete
Name: BURKE, MYRTIS
Address: 618 CLEAR LAKE AVENUE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: SD () Delete
Name: QUIENCE, LISA
Address: 1400 W 6TH STREET
City-St-Zip: RIVIERA BEACH, FL

Title: TD () Delete
Name: SWEETING, LUCILLE
Address: 1549 SILVER BEACH ROAD
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D () Delete
Name: RICHARSON, VERNELL
Address: 1549 W. 33RD STREET
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D () Delete
Name: FLINT, KIMBERLY
Address: 1548 W. 33RD STREET
City-St-Zip: RIVIERA BEACH, FL 33404

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:

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: B DAVIS

PD

09/12/2002

Electronic Signature of Signing Officer or Director

Date