

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 315966**

1. Entity Name

LOVING MASONARY CONTRACTORS INC**FILED****Jan 29, 2000 8:00 am**
Secretary of State

01-29-2000 90034 005 ***150.00

Principal Place of Business
**1709 E YUKON STREET
TAMPA FL 33604-2066**Mailing Address
**1709 E YUKON STREET
TAMPA FL 33604-2066**

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 **59-1163525**Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****LOVING, J. R.
3023 ST. CHARLES DRIVE
TAMPA FL 33618**

Name

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

City

FL | Zip Code**7. Name and Address of New Registered Agent**

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, 2000 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**

TITLE	D	<input type="checkbox"/> Delete
NAME	LOVING, J T	
STREET ADDRESS	RT. 1, BOX 41 B	
CITY-ST-ZIP	LURAY SC	
TITLE	DP	<input type="checkbox"/> Delete
NAME	LOVING, J R	
STREET ADDRESS	3023 ST CHARLES DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOVING, LUCILLE	
STREET ADDRESS	RT. 1, BOX 41 B	
CITY-ST-ZIP	LURAY SC	
TITLE	DS	<input type="checkbox"/> Delete
NAME	LOVING, PATRICIA	
STREET ADDRESS	3023 ST. CHARLES DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	LOVING, STEVE R.	
STREET ADDRESS	12703 TROWBRIDGE LANE	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LOVING, CRAIG A	
STREET ADDRESS	6621 W THONOTOSASSA ROAD	
CITY-ST-ZIP	PLANT CITY FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	16007 Northlake Village Dr.
CITY-ST-ZIP	Odessa, FL 33556
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	6220 W. Thonotosassa Rd.
CITY-ST-ZIP	

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 #