2001 UNIFORM BUSINESS REPORT (UBR)

Jun 06, 2001 8:00 am Secretary of State DQCUMENT # F9700000845 06-06-2001 90002 007 ***150.00 LOVING ENTERPRISES INC Principal Place of Business Mailing Address 1120 PINELLAS BAYWAY SOUTH 1120 PINELLAS BAYWAY SOUTH #204 #204 TIERRA VERDE FL 33715 TIERRA VERDE FL 33715 US 2. Principal Place of Business Mailing Address P.O. Box 58099 40. Box 58295 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Cit<u>v</u>& State Applied For 4. FEI Number 63-1148234 Petersburg Petersburg Not Applicable Country Codntry \$8.75 Additional 5. Certificate of Status Desired Pinellas Pinellas Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILLIAMS, SHERRI Address (P.O. Box Number is Not Acceptable) 1120 PINELLAS BAYWAY SOUTH, #204 TIERRA VERDE FL 33715 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 (NO1 Registered Agent's gnature required when reinstating) FILE NOW :! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 20 11 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payal le to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 CR2E034 (10/00) PV Change ☐ Addition Delete Williams, Sherri WILLIAMS, SHERRI 411 8 1 Auc. N STREET ADDRESS 1967 SHORE ACRES BLVD STREET ADDRESS CITY-ST-ZIP Tierra Verde, FL CITY-ST-7IP ST PETERSBURG FL 33703 33715 Delete TITLE ☐ Change Addition TITLE STRICKNER, DAVID J NAME NAME 7840 64TH ST NO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PINELLAS PRK FL 33781 CITY-\$T-ZIP ☐ Delete TITLE Change Addition | TITLE VILINES, CHRISTINA NAME NAME STREET ADDRESS 13182 SPOONBILL LN STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33762** CITY-ST-ZIP Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IE ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 n y 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 is 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.

CITY-ST-7(P

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER (R DIRECTOR

CITY-ST-ZIP

FILED