

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90194 019 ***150.00

0021014 AV

DOCUMENT # G96774

1. Entity Name
LOVCO, INC.

Principal Place of Business
**1 INDEPENDENT DRIVE
 SUITE 1600
 JACKSONVILLE FL 32202-5009**

Mailing Address
**1 INDEPENDENT DRIVE
 SUITE 1600
 JACKSONVILLE FL 32202-5009
 US**

B0073104



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2398685**

Applied For
 Not Applicable

Zip Country

Zip Country

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

**SHIELDS, DAVID R
 1 INDEPENDENT DRIVE
 SUITE 1600
 JACKSONVILLE FL 32202-5009**

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, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
DV	FANT, LAUREN L	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1 INDEPENDENT DRIVE SUITE 1600	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202-5009	CITY-ST-ZIP	
VPD	LOVETT, PHILIP H.	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1 INDEPENDENT DRIVE SUITE 1600	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202-5009	CITY-ST-ZIP	
PD	LOEB, K L	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1 INDEPENDENT DRIVE SUITE 1600	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202-5009	CITY-ST-ZIP	
VD	LOVETT, W.R. II	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1 INDEPENDENT DRIVE SUITE 1600	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202-5009	CITY-ST-ZIP	
VPT	SHIELDS, DAVID R	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1 INDEPENDENT DR SUITE 1600	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	CITY-ST-ZIP	
S	MELLO, JEANNINE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1 INDEPENDENT DR SUITE 1600	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	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

David R. Shields 1/11/02 904/634-8808

Date Daytime Phone #

CR2E034 (9/01)