

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90126 022 ***150.00

0022370 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**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
1 Independent Drive
Suite, Apt. #, etc.

City & State

4. FEI Number **59-2398685**

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: SIGNATURE REQUIRED Jeannine Mello 1-603 904-634-8808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)