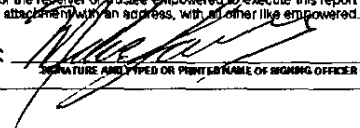


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90134 029 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # H91438			
1. Entity Name MIKE LOVELL, INC.			
Principal Place of Business 5822 24TH ST E BRADENTON, FL 34203		Mailing Address 5822 24TH ST E BRADENTON, FL 34203	
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 59-2820227		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOVELL, MIKE 5822 24TH ST E BRADENTON, FL 34203		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's signature required when substituting) DATE _____			
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	DPT LOVELL, MIKE 7057 SADDLE CREEK LANE SARASOTA, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT LOVELL, MIKE 6408 GRAND POINT AVE. UNIVERSITY PARK, FL 34201 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MONAGHAN, MICHAEL P. 10102 CHERRY HILLS AVE BRADENTON, FL 34202 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 		Mike Lovell, President 24 APR 03 941-753-4445	

CR2E034 (10/02)