2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 23, 2001 8:00 am Secretary of State **DOCUMENT # K06944** 1. Entity Name LUV 'N YOU, INC. 04-23-2001 90118 003 ***150.00 Principal Place of Business Mailing Address 1335 BENNETT DR. % MARIAN PERITO SUITE 133 2340 MARKINGHAM RD. LONGWOOD FL 32750 MAITLAND FL 32751-3607 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2861669 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired - - -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PERITO, MARIAN Street Address (P.O. Box Number is Not Acceptable) 2340 MARKINGHAM RD. MAITLAND FL 32751 City 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back). Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F ☐ Delete TITLE Change ☐ Addition NAME PERITO, MARIAN NAME STREET ADDRESS 2340 MARKINGHAM RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL 32751 **VP** ☐ Defete TITI E ☐ Change ☐ Addition PERITO, FRANK NAME STREET ADDRESS 2340 MARKINGHAM RD. STREET ADDRESS CITY-ST-ZIP -CITY-ST-7IP MAITLAND FL 32751- --☐ Delete TITLE Addition PERITO, PHILLIP NAME STREET ADDRESS 3001 HARRISON AVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32751 Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME 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 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

MARIAN ERITO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO