

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90016 026 \*\*\*\*50.00

**DOCUMENT # L01000005737**

1. Entity Name  
**LOVERDE ONLINE.COM, L.C.**

Principal Place of Business

**618 NORTH WYMORE RD.  
WINTER PARK FL 32789**

Mailing Address

**618 NORTH WYMORE RD.  
WINTER PARK FL 32789**

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

**59-3720942**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CASALS, CHRISTINA R ESQ.  
1177 S.E. 3RD AVE.  
FT LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent

Name **Rhett Jibaja**

Street Address (P.O. Box Number is Not Acceptable)

**618 N. Wymore Road**

City **Winter Park**

**FL**

Zip Code **32789**

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

*Rhett Jibaja*  
Signature, typed or printed name of registered agent and title if applicable.

**Rhett Jibaja**

**2-18-02**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **DUKE, DORA**  
STREET ADDRESS **655 MAGIC CT. #190**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **MGRM** ☐ Delete  
NAME **JIBAJA, RHETT A**  
STREET ADDRESS **1121 SHOREWOOD DR.**  
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Rhett Jibaja*

**Rhett Jibaja**

**2-18-02**

**407-862-5863**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)