

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 25, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90194 009 \*\*\*150.00

**DOCUMENT # M98333**



1. Entity Name  
**LOVE INSURANCE AGENCY INCORPORATED**

Principal Place of Business Mailing Address  
 % EDWARD J. LANTOS % EDWARD J. LANTOS  
 2987 62ND AVENUE SOUTH 2987 62ND AVENUE SOUTH  
 ST. PETERSBURG FL 33712 ST. PETERSBURG FL 33712

76825



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8800 49th ST. NO	3. Mailing Address	4. FEI Number 65-0073030	Applied For Not Applicable
Suite, Apt. #, etc. Ste 1021	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State Pinellas Park FL	City & State	6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Zip 33781	Country Pinellas	Zip	Country

6. Name and Address of Current Registered Agent LANTOS, EDWARD J. 2987 62ND AVENUE SOUTH ST. PETERSBURG FL 33712	7. Name and Address of New Registered Agent (New Agent) ERNEST R. LOVE 8440 56th Way North Pinellas Park FL 33781
Name	Name
Street Address (P.O. Box Number is Not Acceptable)	Street Address (P.O. Box Number is Not Acceptable)
City	City
State	State
Zip Code	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 Ernest R. Love Ernest R. Love July 20, 01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
 After MAY 1, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOVE, ERNEST R. 8440 56TH WAY NORTH PINELLAS PARK FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOVE, FRANCES D. 8449 56TH WAY NORTH PINELLAS PARK FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIEHAUS, MARGARET L. 6931 MELROSE LN TOLEDO OH	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANTOS, EDWARD J. 2987 62ND AVENUE SOUTH ST. PETERSBURG FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOVE, ERNEST H. 5118 TALMADGE RD. TOLEDO OH	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Ernest R. Love President Ernest R. Love 727-541-7590  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Ernest R. Love President Ernest R. Love 7/20/01 727-541-7590

CR2E034 (10/00)

attachment  
Doc# M98333  
7/16/01



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

July 16, 2001

LOVE INSURANCE AGENCY INCORPORATED  
% ERNEST R. LOVE  
8440 56TH WAY NORTH  
PINELLAS PARK, FL 33781

SUBJECT: LOVE INSURANCE AGENCY INCORPORATED  
Ref. Number: M98333

Pursuant to our telephone conversation of July 16, 2001, I am enclosing the report for corrections.

The registered agent must have a **Florida** street address.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Stacy Prather  
Document Specialist

Letter Number: 301A00041582