

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90464 046 ***158.75

0590339 AT

DOCUMENT # M98964

1. Entity Name

LOVETT BROTHERS ENTERPRISES, INC.

Principal Place of Business

**215 NW 1ST. AVE.
HIGH SPRINGS FL 32643
US**

Mailing Address

**P.O. BOX 1737
HIGH SPRINGS FL 32655
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

High Springs FL

Zip

Country

Zip

Country

4. FEI Number

59-2968156

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRIFFIN, SHEREE A.

~~211 BOX 2470~~ 182 SW Lightwood Pl.

~~27 LIGHTWOOD RD~~

FORT WHITE FL 32038

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.

SIGNATURE

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
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 **D** ☐ Delete
NAME **LOVETT, JOANNE M**
STREET ADDRESS **~~ONE LIGHTWOOD WAY~~**
CITY-ST-ZIP **FORT WHITE FL 32038**

TITLE **PD** ☐ Delete
NAME **LOVETT, JOEL B**
STREET ADDRESS **15608 OLD CHENEY HIGHWAY**
CITY-ST-ZIP **ORLANDO FL**

TITLE **STD** ☒ Delete
NAME **GRIFFIN, SHEREE A.**
STREET ADDRESS **~~27 LIGHTWOOD RD~~**
CITY-ST-ZIP **FORT WHITE FL 32038**

TITLE **D** ☐ Delete
NAME **TILLISON, LISA M**
STREET ADDRESS **9308 BUDWOOD ST**
CITY-ST-ZIP **GOtha FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1204 SW Spirit Ave.**
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **182 SW Lightwood Pl.**
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

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:

Sheree A. Griffin **Sheree A. Griffin** 4/3/02 386-454-3465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)