

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90036 019 \*\*\*\*70.00

**DOCUMENT #** N01000002333

1. Entity Name

PRISONERS OF LOVE, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

PO Box 20744

Suite, Apt. #, etc.

3. Mailing Address

PO Box 20744

Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

Tampa, Florida

4. FEI Number

59-3708666

Applied For

Not Applicable

Zip

33622-0744

Country

USA

Zip

33622-0744

Country

USA

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name **MARECIA S. DEVINE**

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

**12407 JOEL COURT**

City

**TAMPA**

**FL**

Zip Code

**33612**

**DO NOT WRITE  
IN THIS SPACE**

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

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D/P/T**  
**Marecia S. Devine**  
**12407 Joel Court Tpa, Fl 33612**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D/V/T**  
**Milton Devine**  
**12407 Joel Court Tpa, Fl 33612**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D/S**  
**Sandra R. Green**  
**7311 N. Hutton Pl #B Tpa, Fl 33604**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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STREET ADDRESS  
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**DO NOT WRITE  
IN THIS SPACE**

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Marecia S. Devine*

**Marecia S. Devine, D/P/T**

**3/25/02**

**813-225-5683**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)