

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **N01000002584**

1. Entity Name
L.O.V.E. GOLF TECH CONNECTIONS, INC.



**FILED
Apr 25, 2003 8:00 am
Secretary of State**

04-25-2003 90181 030 ****61.25

Principal Place of Business
**1145 MADISON AVE.
DAYTONA BCH FL 32114**

Mailing Address

**1145 MADISON AVE.
DAYTONA BCH FL 32114**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State **4. FEI Number**

59-3731122

Applied For

Not Applicable

Zip **5. Certificate of Status Desired** **\$8.75 Additional Fee Required**

Country

Certificate of Status Desired

\$8.75 Additional Fee Required

Certificate of Status Desired

6. Name and Address of Current Registered Agent

Name

**PRILLERMAN, LADONNA
2425 S. ATLANTIC AVE.
DAYTONA BCH FL 32114**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

**9. Election Campaign Financing
Trust Fund Contribution.** **\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
ECHOLS, VERNON L
1145 MADISON AVE.
DAYTONA BCH FL 32114**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
ECHOLS, WALTER B
2425 S. ATLANTIC AVE.
DAYTONA BCH SHORES FL 32118**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
HOOD, SHERRI
78 FRANKLIN RD.
TEANECK NJ 07666**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *VERNON L. ECHOLS* *4-20-03* *386* *252-3975*

CR2E037 (10/02)