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

Secretary of State DOCUMENT # N9400005262 03-31-2003 90161 033 ****61.25 THE LOVELANDERS, INC. Principal Place of Business Mailing Address 157 HAVANA RD. 157 HAVANA RD. VENICE FL 34293 VENICE FL 34293 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. T CHECK HERE IF MAKING CHANGES 4. FEI Number 65-0551561 City & State City & State Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -- -6. Name and Address of Current Registered Agent ROBERTS, GREGORY C Street Address (P.O. Box Number is Not Acceptable) 341 W VENICE AVE VENICE FL 34285 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 \Box Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. **VPD** TITLE Delete TITLE Addition LAING, KATHY udnik Carol NAME NAME I WOODVALE DR STREET ADDRESS 124 CORAL RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE FL. VENICE FL 34293 TITLE ☐ Delete TITLE ☐ Addition MACKEY, JOYCE NAME NAME STREET ADDRESS 604 PAGET DR STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP VENICE FL TITLE Delete TITLE ☐ Change Addition KROZSER, GEORGE NAME NAME STREET ADDRESS 570 MOSSY CREEK DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34292 ☐ Delete ☐ Change TITLE TITLE FERNANDEZ, JOY NAME NAME STREET ADDRESS STREET ADDRESS 330 TROJAN RD. CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34293 LEARY CHRISTINE 2544 CARLISLE PL [] Addition Delete TITLE TITLE DITTMANN, JOSEPHINE NAME NAME STREET ADDRESS STREET ADDRESS 818 GRADO DR SARASOTA, FL. 34236 CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34292 TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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:

DOUGHAKNOZIEZEQUIREGEORGE KROZSER

3/24/03 941-

FILED

Mar 31, 2003 8:00 am

941-488.8466