


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

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90976 014 ****70.00

DOCUMENT # N95000002107

1. Entity Name
THE POTTERS' HOUSE OF LOVE, INC.



Principal Place of Business
**POLLERS HOUSE OF LOVE
PLANT CITY
PLANT CITY FL 33567**

Mailing Address
**2303 MUDLAKE RD
PLANT CITY FL 33567**

2. Principal Place of Business
2303 MudLake Rd,
Suite, Apt. #, etc.


3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
Plant City, Fla.

City & State
Plant City, Fla.

Zip
33567

Country
Hillsbro



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3324889**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MCLEROY, HUGH D
2303 MUDLAKE RD
PLANT CITY FL 33567**

7. Name and Address of New Registered Agent

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

SIGNATURE *Judy Mcleroy (ST.)* DATE 2-19-03

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

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

TITLE	P	<input type="checkbox"/> Delete
NAME	MCLEROY, HUGH D	
STREET ADDRESS	2924 MCLEROY PLACE	
CITY-ST-ZIP	DOVER FL 33527	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MCLEROY, JUDY	
STREET ADDRESS	2929 MCLEROY PLACE	
CITY-ST-ZIP	DOVER FL 33527	
TITLE	T	<input type="checkbox"/> Delete
NAME	JOSEPH, PEACOCK	
STREET ADDRESS	2303 MUDLAKE RD	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	T	<input type="checkbox"/> Delete
NAME	ANGELA, PEACOCK	
STREET ADDRESS	2303 MUDLAKE RD	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Judy Mcleroy* **REQUIRED** DATE: 2-19-03 813 754-8712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)

I would Like ~~Attachment #~~ To HAVE another
Certificate because The LAST one was 70019037
so light We could hardly read the N9500000210
numbers or date!

Thank You
God Bless!

Judy M. Luoy
The Potters House
of Love INC