

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90254 028 ****61.25

DOCUMENT # N95000005638

1. Entity Name

LOVE CENTER, INCORPORATED

Principal Place of Business

Mailing Address

**6037 DUNMIRE AVENUE
 CHURCH
 JACKSONVILLE FL 32219
 US**

**6037 DUNMIRE AVENUE
 CHURCH
 JACKSONVILLE FL 32219
 US**

361273



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARKER, VIRLEY
 6037 DUNMIRE AVENUE
 JACKSONVILLE FL 32219**

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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **PARKER, VIRLEY M**
 CITY-ST-ZIP **7157 WELLAND PARK
 JACKSONVILLE FL 32209**

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

TITLE ☒ Delete
 NAME **VD**
 STREET ADDRESS **CARTER, GEORGE A**
 CITY-ST-ZIP **225 DIGNAN STREET
 JACKSONVILLE FL 32205**

TITLE ☐ Change ☐ Addition
 NAME **VD, Willie M Jones**
 STREET ADDRESS **6007 Moncreaf Rd W.**
 CITY-ST-ZIP **JACK FL 32219**

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **CARTER, JOEL**
 CITY-ST-ZIP **3228 BROCKETT WAY
 JACKSONVILLE FL 32218**

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

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **PARKER, IRISH I**
 CITY-ST-ZIP **8105 TARLING AVENUE
 JACKSONVILLE FL 32219**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)