

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

0021429

DOCUMENT # N98000006813

1. Entity Name

LOVE, JOY, PEACE, INC.

01-30-2001 90196 039 ****61.25

Principal Place of Business

Mailing Address

**4751 NW 155TH ST
 TRENTON FL 32693**

**4751 NW 155TH ST
 TRENTON FL 32693**

C0012862



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

59-3547277

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

**LANGSTON, ROBERT A
 4751 NW 155TH ST
 TRENTON FL 32693**

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	ST	<input type="checkbox"/> Delete
NAME	LANGSTON, JOY	
STREET ADDRESS	831 E. PARK AVE	
CITY-ST-ZIP	CHIEFLAND FL 32626	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARRINGTON, RANDY	
STREET ADDRESS	HWY 347	
CITY-ST-ZIP	CHIEFLAND FL 32644	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUDSON, TRAVIS	
STREET ADDRESS	1402 NW 18TH AVE	
CITY-ST-ZIP	CHIEFLAND FL 32626	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASON, SAMMY	
STREET ADDRESS	203 NE 3RD ST	
CITY-ST-ZIP	CHIEFLAND FL 32626	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAWRENCE, RICK	
STREET ADDRESS	322 NE 4TH AVE	
CITY-ST-ZIP	TRENTON FL 32693	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLUBB, TONY	
STREET ADDRESS	632 NE 2ND ST	
CITY-ST-ZIP	WILLISTON FL 32696	

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		
CITY-ST-ZIP		
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		
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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-01 352-493-4165
 Date Day/Time Phone #

CR2E037 (10/00)