

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006813

1. Entity Name

LOVE, JOY, PEACE, INC.

Principal Place of Business

Mailing Address

4751 NW 155TH ST
TRENTON FL 32693

4751 NW 155TH ST
TRENTON FL 32693

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3547277

Applied For

Not Applicable

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
NAME
ST
LANGSTON, JOY
STREET ADDRESS
831 E. PARK AVE
CITY-ST-ZIP
CHIEFLAND FL 32626 ☐ Delete

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

TITLE
NAME
D
ARRINGTON, RANDY
STREET ADDRESS
HWY 347
CITY-ST-ZIP
CHIEFLAND FL 32644 ☐ Delete

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

TITLE
NAME
D
HUDSON, TRAVIS
STREET ADDRESS
1402 NW 18TH AVE
CITY-ST-ZIP
CHIEFLAND FL 32626 ☐ Delete

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

TITLE
NAME
D
CASON, SAMMY
STREET ADDRESS
203 NE 3RD ST
CITY-ST-ZIP
CHIEFLAND FL 32626 ☐ Delete

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

TITLE
NAME
D
LAWRENCE, RICK
STREET ADDRESS
322 NE 4TH AVE
CITY-ST-ZIP
TRENTON FL 32693 ☐ Delete

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

TITLE
NAME
D
CLUBB, TONY
STREET ADDRESS
632 NE 2ND ST
CITY-ST-ZIP
WILLISTON FL 32696 ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90045 034 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)