

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

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90022 035 ****70.00

DOCUMENT # **N99000004862**
1. Entity Name
Learning Observed Victoriously Everyday INC.

DO NOT WRITE IN THIS SPACE

94040866

2. Principal Place of Business
5543 Pentail Circle
Suite, Apt. #, etc.
Tampa, FL
City & State
33625
Zip
Country
Hillsborough

3. Mailing Address
L.O.V.E. INC.
Suite, Apt. #, etc.
P.O. Box 340403
City & State
Tampa, FL
Zip
33694-0403
Country
Hillsborough

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3598436
Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**
8/9/99

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Russel B. Simmons**
Street Address (P.O. Box Number is Not Acceptable)
370x Greenford Street
City **Valrico** FL Zip Code **33594**

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 _____

**FEE IS \$61.25
Initial or Amended UBR**

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

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PDC Crespo, Hattie 5543 Pentail Circle Tampa, FL 33625 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VDM Crespo, Sidney 5543 Pentail Circle Tampa, FL 33625 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D Clark, Marisol 1510 Riverdrive, Apt. C-101 Tampa |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T Vickers, Rosa 2206 N. Spring Glade Circle Tampa, FL 33613 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S Flowers, Cynthia 2527 Cherry Street Tampa, FL 33607 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | AD Fernandez, Gayle 5704 Miami Avenue Tampa, FL 33604 |

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Hattie Crespo** **Hattie Crespo, March 20, 2004 265-4127**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)