

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-10-2002 90036 023 ***150.00

DOCUMENT # P00000000874
1. Entity Name
 Lovett, Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 290 Quail Drive
 Suite, Apt. #, etc.

3. Mailing Address
 290 Quail Drive
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Merritt Island, Fl.

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 Merritt Island, Fl.

4. FEI Number
 59-3616608

Applied For
 Not Applicable

Zip 32952 **Country** USA

Zip 32952 **Country** USA

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
 Lovett, Antonio D.

Street Address (P.O. Box Number is Not Acceptable)
 290 Quail Drive

City Merritt Island, **FL** **Zip Code** 32952

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 *Antonio D. Lovett* **ANTONIO D. LOVETT, PRESIDENT** **4/29/02**

Signature typed or printed name of registered agent and signatory applicable. (MGT) Registered Agent signature required when reappointing.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$81.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			
TITLE	P/D	TITLE	
NAME	Lovett, Antonio D.	NAME	
STREET ADDRESS	290 Quail Drive	STREET ADDRESS	
CITY-ST-ZIP	Merritt Island, Fl. 32952	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Antonio D. Lovett* **ANTONIO D. LOVETT, PRESIDENT** **4/29/02** **(321) 452-7766**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)