

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

**FILED**  
**May 23, 2003 8:00 am**  
**Secretary of State**

05-23-2003 90150 032 \*\*\*150.00

DOCUMENT # P000000 49625

1. Entity Name

God Is Love, Incorporated



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2316 N.W. 14th

3. Mailing Address

2316 N.W. 14th

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

4. FEI Number

65-0988284

Applied For

Not Applicable

Zip

33311

Country

U.S.

Zip

33311

Country

U.S.

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

Carter, Dennis J SR.

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

7805 N.W. 40th ST

City

Coral Spring

FL

Zip Code

33065

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Dennis Carter

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5-21-03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<u>OP</u>
NAME	<u>Wright, Thomas</u>
STREET ADDRESS	<u>2316 N.W. 14th</u>
CITY-ST-ZIP	<u>Ft. Lauderdale, FL 33311</u>
TITLE	
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CITY-ST-ZIP	

**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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas Wright

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-21-03

Daytime Phone #

CR2E034B (12/02)