

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

DOCUMENT # P00000073811

1. Entity Name

Lovejoy & Son Maintenance, Inc.

FILED

02 NOV -7 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6130 Firestone Rd.

Suite, Apt. #, etc.

3. Mailing Address

6130 Firestone Rd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3662378

Applied For

Not Applicable

Zip

32244

Country

Duval

Zip

32244

Country

Duval

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Colin Lovejoy

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

6130 Firestone Road

City

Jacksonville, FL

FL

Zip Code

32244

**DO NOT WRITE
IN THIS SPACE**

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

11-4-02

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 \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Colin Lovejoy 6130 Firestone Rd. Jacksonville, FL 32244	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600008871786 11/07/02--01067--002 **150.00
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-4-02

CR2E034B (12/01)

LOVEJOY & SON MAINTENANCE, INC.
6130 FIRESTONE ROAD
JACKSONVILLE, FL 32244

October 22, 2002

Uniform Business Report

Division of Corporations

P.O. Box 1500

Tallahassee, FL 32302-1500

Dear Sir or Madam:

We never received our Uniform Business Report (UBR). We are enclosing a form that we have filled out. Please accept our check in the amount of \$150.00 for the filing fee. We ask that you waive any additional charges because we did not receive our original form.

Thank you for your time and consideration in this matter.

Cordially,



Colin Lovejoy
President