

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

FILED
Sep 30, 2002 8:00 am
Secretary of State

09-30-2002 90181 045 ***150.00

DOCUMENT # **P01000037951**

1. Entity Name

Lovette Consulting Group, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

205 Palmetto Ave., #608

Suite, Apt. #, etc.

#608

City & State

Merritt Island, FL

Zip

32953

Country

USA

3. Mailing Address

205 Palmetto Ave.

Suite, Apt. #, etc.

#608

City & State

Merritt Island, FL

Zip

32953

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3714851

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Jon Lovette

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

205 Palmetto Ave., #608

City

Merritt Island

FL

Zip Code

32953

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

Jon Lovette

Signature, typed or printed name of registrant agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/20/2002

DATE

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**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President (P)
Jon Lovette
205 Palmetto Ave., #608
Merritt Island, FL 32953**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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)(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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jon Lovette

9/20/2002

321-453-5171

Date:

Daytime Phone #

CR2E034B (12/01)

Attachment

Sent Via USPS Priority Mail

September 26, 2002

678886

#P100037951

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Fl 32302-1500

RE: LOVETTE CONSULTING GROUP, INC.
RECREATION CORP.

To Whom It May Concern:

Enclosed please find the 2002 UBR's and fees for the Lovette Consulting Group, Inc. and Recreation Corp.

I formed these two corporations in 2001. I never received the UBR's in the mail for either corporation. Due to medical reasons, I was incapacitated until recently and greatly behind on all of my paperwork. When I recently called your office to find out what reports had to be filed and when, I discovered that the reports had never come in the mail.

Now that I know the process, I will file the reports in a timely fashion from hereon. Thank you for your understanding.

Sincerely,



Jon Lovette, Ph.D.
President, Lovette Consulting Group
President, Recreation Corp.