

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

2002

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90424 016 ***150.00

DOCUMENT # **P01000056603**

1. Entity Name

SELF LOVE TLC, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
23956 CREEK

3. Mailing Address
23956 CREEK BRANCH

Branch Ln.

Ln.

City & State
BONETA SPRINGS, FL.

City & State
BONETA SPRINGS, FL.

4. FEI Number
59-3723484

Applied For
Not Applicable

34135

Country

34135

Country

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: **TESI CLARK**

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

23956 CREEK BRANCH LN.

City **BONETA SPRINGS**

FL

Zip Code **34135**

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: *Tesi Clark*

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

(NOTE: Registered Agent signature required when reinstating)

4-2-02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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, VP, S, T**
NAME: **TESI CLARK**
STREET ADDRESS: **23956 CREEK BRANCH LN.**
CITY-ST-ZIP: **BONETA SPRINGS, FL. 34135**

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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 602, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like employees.

SIGNATURE: *Tesi Clark*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-02

DATE

941-390-0173

Display Phone #

CR2E034B (12/01)