FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0100089659



FILED May 06, 2003 8:00 am Secretary of State

DO NOT WRITE IN THIS SPACE 2. Princeal Place of blusiness 1. 1744 Whispering Winds Court 1. Sulte Act # etc. Sulte Act # etc. Sulte Act # etc. Sulte Act # etc. City & Slate Apopka, FL Apopka, FL Zin 32703 USA 32703 USA 3. Country 32703 DO NOT WRITE IN THIS SPACE 1. Fell Nurries 59-3747184 Professor of Service of Service Desired Stock Address (P.C.) Box Nurriber is Not. Acceptable 1. 1744 Whispering Winds Court Cry Apopka FL 32703 DO NOT WRITE IN THIS SPACE Stock Address (P.C.) Box Nurriber is Not. Acceptable 1. 1744 Whispering Winds Court Cry Apopka FL 32703 SSCHATURE 32703 SSCHATURE 32703 DO NOT WRITE IN THE above named entry sustains this allescent for the purpose of changing its registered departs or the form of registered agent. Or box in the State of Fiscas I are formate with, and accept the obligations of registered agent. Or box in the State of Fiscas I are formate with, and accept the obligations of registered agent. Or box in the State of Fiscas I are formate with, and accept the obligations of registered agent. Or box in the State of Fiscas I are formate with, and accept the obligations of registered agent. Or box in the State of Fiscas I are formate with, and accept the obligations of registered agent. Or box in the State of Fiscas I are formate with, and accept the obligations of registered agent. Or box in the State of Fiscas I are formate with and accept the obligations of registered agent. Or box in the State of Fiscas I are formate with and accept the obligations of registered agent. Or box in the State of Fiscas I are formate with and accept the obligations of registered agent. Or box in the State of Fiscas I are formate with a fiscas	1. Entity Name THE REAL LOVE DIPLOMATS, INC.						03-06-2003 90036 0	48 ****130.00	
1174 Whispering Winds Court Suits, Act #, etc. Do NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPACE						90130801		
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.			_	Winds	Court				
Apopka, FL 20 32703 Country USA 2703 Country USA Name Jason Plourde Street Address of Current Registered Agent 174 Whispering Winds Court City Apopka FL 2705 Street Address (P.O. Exe Number is Not Acceptable) 1174 Whispering Winds Court City Apopka FL 2705 Street Address (P.O. Exe Number is Not Acceptable) 1174 Whispering Winds Court City Apopka FL 2705 Street Address (P.O. Exe Number is Not Acceptable) 1174 Whispering Winds Court City Apopka FL 2705 Street Address (P.O. Exe Number is Not Acceptable) 1174 Whispering Winds Court City Apopka FL 2705 Street Address (P.O. Exe Number is Not Acceptable) 1174 Whispering Winds Court City Apopka FL 2705 Street Address (P.O. Exe Number is Not Acceptable) 1174 Whispering Winds Court City Apopka FL 2705 Street Address (P.O. Exe Number is Not Acceptable) 1174 Whispering Winds Court Apopka Anter May 1. Fee is \$155,000							DO NOT WRITE IN THIS SPACE		
Secretary Secr			1 -			4. 1	59-3747184	 	
DO NOT WRITE IN THIS SPACE The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I same familiar with, and accept the objections of registered agent, or both, in the State of Florida. I same familiar with, and accept the objections of registered agent, or both, in the State of Florida. I same familiar with, and accept the objections of registered agent, or both, in the State of Florida. I same familiar with, and accept the objections of registered agent, or both, in the State of Florida. I same familiar with, and accept the objections of registered agent, or both, in the State of Florida. I same familiar with, and accept the objections of registered agent, or both, in the State of Florida. I same familiar with, and accept the objections of registered agent, or both, in the State of Florida. I same familiar with, and accept the objection of registered agent, or both, in the State of Florida. I same familiar with, and accept the objections of registered agent, or both, in the State of Florida. I same familiar with, and accept the objection of registered agent, or both, in the State of Florida. I same familiar with, and accept the objection of registered agent, or both, in the State of Florida. I same familiar with, and accept the objection of registered agent, or both, in the State of Florida. I same familiar with, and accept the objection of registered agent, or both, in the State of Florida. I same familiar with, and accept the objection of registered agent, or both, in the State of Florida. I same familiar with, and accept the objection of registered agent, or both, in the State of Florida. I same familiar with, and accept the objection of registered agent, or both, in the State of Florida. I same familiar with, and accept the or registered agent, or both, in the State of Florida. I same familiar with, and accept the or registered agent, or both, in the State of Florida. I same familiar with, and accept the same familiar with and acce	Zip	Country	Zip		try	5. (5 Certificate of Status Desired Status Resired \$8.75 Additional		
SIGNATURE SECOND PLOUR STORY Apopka SIGNATURE SUSPENDING CONTROL STORY APPRIES AND DIRECTORS THE ABOVE named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florata Lam familian with, and accept the eclipations of registered agent. SIGNATURE SUSPENDING CONTROL STORY APPRIES AND DIRECTORS January 1 - May 1 Fee Is \$150.00 Amended USR is \$50.00 Amended USR is \$50.00 Amended USR is \$61.25 Make Check Payable to Florate ab Department of State 10. OFFICEIS AND DIRECTORS THE NME NME NME STRET ADDRESS OTY-ST-2P OTRIANCES OTY-ST-2P OTRIANCES OTY-ST-2P DV - Wagganer, Michael A NME STRET ADDRESS OTRIANCES						7. Na			
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8. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent.				, v.	Street Ac	dress (P.O. E	tox Number is Not Acceptable)		
B. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent and title #apploadile. SIGNATURE	•	IN I HIS SI	PACE		1174 V	Vhisperin	g Winds Court		
SIGNATURE SIGNATURE January 1 - May 1 Fee Is \$190.00 After May 1, Fee Is \$50.00 After May 1, Fee Is					City Ap	opka	FL	Zip Code 32703	
Supplies period current news of repassed agent and lose applicable. NOTE: Registrent Appert segenture required when revertarry OVE			for the purpose of changing i	ts registere	ed office or	registered ag	ent, or both, in the State of Florida. I am fan	niliar with, and accept	
Supplies period current news of repassed agent and lose applicable. NOTE: Registrent Appert segenture required when revertarry OVE		1/0	1 7000	Plan	0 A F	A T	at 4/07/0	_	
After May 1, Fee Is \$55.00 May Be Amended UBR is \$41.25 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTIORS DS - Eastock, Jeffery R 1009 Gammage Point Oviedo, FL 32765 DITLE NAME VOIED, FL 32765 DP - Pearce, John M JR 4003 Point Reyes Court Orlando, FL 32817 TITLE NAME NAME STRICT ADDRESS STRICT ADRESS STRICT ADDRESS S	SIGNATURE .	Signature, Noted or printed name of registered age	nt and tale if applicable. (NC			re required when re	enstating) DATE	<u>. </u>	
TITLE NAME NAME NAME NAME NAME NAME NAME NAM		After May 1, Fee is \$550.00 Amended UBR is \$61.25	of State						
NAME SITRET ADDRESS CITY-ST-ZP TITLE NAME STRET ADDRESS CITY-ST-ZP		OFFICERS AND	DIRECTORS			~4 -			
MAME STREET ADDRESS CITY-ST-ZP TITLE MAME STREET ADDRESS CITY-ST-ZP TITLE DT - Plourde, Jason A 1174 Whispering Winds Court Apopka, FL 32703 TITLE MAME STREET ADDRESS CITY-ST-ZP TITLE MAME STREET	NAME STREET ADDRESS	1009 Gammage Point		NAME STRE	ET ADDRESS			700 A	
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of the composition or the receiver or trusted employees the expectation and the composition or the receiver or trusted employees the expectation of the expectation or the receiver or trusted employees the expectation of the expectatio	12. I hereby of indicated	L certify that the information supplied with on this report or supplemental report	th this filing does not qualify fish true and accurate and that	or the exer	nption state ure shall ha	ed in Section in	119.07(3)(i), Florida Statutes. I further certify egal effect as if made under oath: that I am	that the information an officer or director	

attachment with an address, with all other like empower

Q1	GN	IRF.

JASON PlOURNE AT 4/27/03