

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

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

05-06-2003 90036 048 ***150.00

DOCUMENT # P01000089659

1. Entity Name

THE REAL LOVE DIPLOMATS, INC.



DO NOT WRITE IN THIS SPACE

90130801

2. Principal Place of Business
1174 Whispering Winds Court

Suite, Apt. #, etc.

3. Mailing Address
1174 Whispering Winds Court

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Apopka, FL

City & State
Apopka, FL

4. FEI Number **59-3747184**

Applied For
Not Applicable

Zip
32703

Country
USA

Zip
32703

Country
USA

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 **Jason Plourde**

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

1174 Whispering Winds Court

City **Apopka**

FL

Zip Code
32703

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

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

JASON PLOURDE DT

(NOTE: Registered Agent signature required when reinstating)

4/27/03

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
NAME
STREET ADDRESS
CITY-ST-ZIP

**DS - Eastock, Jeffery R
1009 Gammage Point
Oviedo, FL 32765**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DP - Pearce, John M JR
4003 Point Reyes Court
Orlando, FL 32817**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DT - Plourde, Jason A
1174 Whispering Winds Court
Apopka, FL 32703**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DV - Waggoner, Michael A
209 North Glenwood
Orlando, FL 32803**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JASON PLOURDE DT

DATE

4/27/03

DAYTIME PHONE #

239-572-7593

CR2E034B (12/02)