

DOCUMENT # P02000113668

1. Entity Name
LOVEY DOVEY DOVE RENTAL, INC.



FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90070 001 ***150.00
03-01-2004 90070 002 *****8.75

Principal Place of Business
15710 PINTO PL
TAMPA, FL 33624-1528

Mailing Address
15710 PINTO PL
TAMPA, FL 33624-1528



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

01122004 Chg-P CR2E034 (10/03)

4. FEI Number
80-0053084

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PHILLIPS, ELVIN W
200 S ORANGE AVE
SARASOTA, FL 34236

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	LEWANDOWSKI, Cynthia A.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	LWEANDOWSKI, CYNTHIA A		NAME	15710 Pinto Place	
STREET ADDRESS	15710 PINTO PLACE		STREET ADDRESS	Tampa, FL 33624-1528	spelling of last name
CITY-ST-ZIP	TAMPA, FL 336241528		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	WALKER, WILLIAM CRAIG		NAME	Walker, William Craig	
STREET ADDRESS	5305 BRADBURY CT.		STREET ADDRESS	15307 Lake Bella Vista Dr.	
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP	Tampa, FL 33625	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 Block 11 changed, or on an attachment with an address, with all other like empowered.

Cynthia A. Lewandowski 02/11/04
William C. Walker 02/11/04