

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 91104 001 ***150.00
02-24-2003 91104 002 *****8.75

DOCUMENT # P02000113668

1. Entity Name
LOVEY DOVEY DOVE RENTAL, INC.



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
15710 Pinto Place
Suite, Apt. #, etc.

3. Mailing Address
15710 Pinto Place
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Tampa, Florida

City & State
Tampa, Florida

4. FEI Number
80-0053084

Applied For
Not Applicable

Zip
33624-1528

Country
Hillsborough

Zip
33624-1528

Country
Hillsborough

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
**P
Cynthia A. Lewandowski
15710 Pinto Place
Tampa, FL 33624-1528**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
**VP
William Craig Walker
5305 Bradbury Ct.
Tampa, FL 33624**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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

SIGNATURE: **Cynthia A. Lewandowski** **Cynthia A. Lewandowski** 2/18/03 (813) 908-6999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)