

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2000 08:00 AM****Secretary of State****DOCUMENT # P93000052096****1. Entity Name****HAROLD E. LOVELACE, INC.****Principal Place of Business**

3919 MEADOW VIEW DR N

JACKSONVILLE

32225

FL

US

Mailing Address

3919 MEADOW VIEW N

JACKSONVILLE

32225

US

FL

2. Principal Place of Business

12580 HIGHVIEW CT.

Suite, Apt. #, etc.

3. Mailing Address

12580 HIGHVIEW CT.

Suite, Apt. #, etc.

City & State

JACKSONVILLE

FL

Zip
32225Country
US**City & State**

JACKSONVILLE

FL

Zip
32225Country
US**4. FEI Number****59-3193848****Applied For****Not Applicable****5. Certificate of Status Desired**☐**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentLOVELACE HAROLD E
12758 MUIRFIELD BLVD S

JACKSONVILLE

32225

US

FL

7. Name and Address of New Registered Agent**Name**

LOVELACE HAROLD E

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

12580 HIGHVIEW CT.

City

JACKSONVILLE

FL**Zip Code**
32225**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**

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

(NOTE: Registered Agent signature required when reinstating)

04/30/2000

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)**☒**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	32225	<input type="checkbox"/> Delete
		LOVELACE HAROLD E	3919 MEADOW VIEW DR N	JACKSONVILLE	FL	32225	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	32225	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		LOVELACE HAROLD E	12580 HIGHVIEW CT.	JACKSONVILLE	FL	32225	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**SIGNATURE:** Harold E. Lovelace

PREG: 04/30/2000