

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90135 040 ***550.00

DOCUMENT # **P94000016061**

1. Entity Name
ONE LOVE, INC.



Principal Place of Business
**2488 OAK FOREST DR
JACKSONVILLE BEACH FL 32250**

Mailing Address
**2488 OAK FOREST DR
JACKSONVILLE BEACH FL 32250**



2. Principal Place of Business

3. Mailing Address

~~2488 OAK FOREST DR~~

Same as above

Suite, Apt. #, etc.
274 Third Ave. S.

Suite, Apt. #, etc.

City & State
Jax Bch FL

City & State

Zip
32250

Country
USA

Zip

Country

4. FEI Number **59-3225624**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCGUIRE, LOURDES
2488 OAK FOREST DR
JACKSONVILLE BEACH FL 32250**

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 reinstalling) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 **P** ☐ Delete
NAME **MCGUIRE, MICHAEL**
STREET ADDRESS **2488 OAK FOREST DR**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

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

TITLE **VP** ☐ Delete
NAME **MCGUIRE, LOURDES**
STREET ADDRESS **2488 OAK FOREST DR**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Loures McGuire* *7/24/03* *(904) 247-9060*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)