

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90104 048 ***150.00

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DOCUMENT # P95000000528

1. Entity Name
LOVINS AUTOMOTIVE, INC.



Principal Place of Business
**14628 N. NEBRASKA AVE
TAMPA FL 33613**

Mailing Address
**14628 N. NEBRASKA AVE
TAMPA FL 33613**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3288218**

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

**LOVINS, STEVE
604 E RIVER DRIVE
TAMPA FL 33617**

Name **STEVE LOVINS**
Street Address (P.O. Box Number is Not Acceptable) **10729 SKEWLEE RD**
THONOTOSASSA
City **FL 33592**

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 ☐ Delete
NAME **PDT**
STREET ADDRESS **LOVINS, STEVE**
CITY-ST-ZIP **604 E RIVER DRIVE**
TAMPA FL 33617

☒ Change ☐ Addition
TITLE
NAME **10729 SKEWLEE RD**
STREET ADDRESS **THONOTOSASSA FL. 33592**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VPS**
STREET ADDRESS **LOVINS, VALERIE L**
CITY-ST-ZIP **604 E RIVER DRIVE**
TAMPA FL 33617

☒ Change ☐ Addition
TITLE
NAME **10729 SKEWLEE RD**
STREET ADDRESS **THONOTOSASSA, FL 33592**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/03 813 975-9551
Date Daytime Phone #

CR2E034 (10/02)