

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90047 031 ***150.00

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DOCUMENT # P96000057635

1. Entity Name

LOVING GUIDANCE INCORPORATED

Principal Place of Business

1065 WELLINGTON COURT
OVIEDO FL 32765

Mailing Address

P.O. BOX 622407
OVIEDO FL 32762

2. Principal Place of Business

815 Eyrie Dr.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite 1C

Suite, Apt. #, etc.

City & State

Oviedo, FL

City & State

Zip

32765

Country

U.S.A.

Zip

Country

4. FEI Number 59-3386731

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAILEY, REBECCA
1065 WELLINGTON COURT
OVIEDO FL 32765

7. Name and Address of New Registered Agent

Name: Kate L. O'Neil

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

815 Eyrie Drive

Suite 1C

City

Oviedo

FL

Zip Code

32765

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: Kate L. O'Neil Director/Sec./Treas.

4/10/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	DP	<input type="checkbox"/> Delete
NAME	BAILEY, REBECCA	
STREET ADDRESS	1065 WELLINGTON COURT	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	DST	<input type="checkbox"/> Delete
NAME	O'NEIL, KATE	
STREET ADDRESS	1065 WELLINGTON COURT	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	815 Eyrie Dr., Suite 1C	
STREET ADDRESS	Oviedo, FL	
CITY-ST-ZIP	32765	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Kate L. O'Neil

Kate L. O'Neil

4/10/01

407-977-8862

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)