


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90254 048 \*\*\*150.00

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<b>DOCUMENT #</b> P96000094294	
1. Entity Name <b>DALE LOVETT ENTERPRISES, INC.</b>	

Principal Place of Business <b>2473 TECUMSEH DRIVE WEST PALM BEACH FL 33409</b>	Mailing Address <b>2473 TECUMSEH DRIVE WEST PALM BEACH FL 33409</b>
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2. Principal Place of Business <b>8403 S.E. Woodmere ST.</b> Suite, Apt. #, etc.	3. Mailing Address <b>8403 S.E. Woodmere ST.</b> Suite, Apt. #, etc.
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☒ CHECK HERE IF MAKING CHANGES

City & State <b>Hobe Sound, Fl.</b>	City & State <b>Hobe Sound, Fl.</b>
Zip <b>33455</b>	Zip <b>33455</b>
Country <b>MARTIN</b>	Country <b>MARTIN</b>

4. FEI Number <b>65-0719369</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>KRASKER, PAUL A 625 NORTH FLAGLER DRIVE 9TH FLOOR WEST PALM BEACH FL 33401</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State.</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LOVETT, DALE</b> <b>2473 TECUMSEH DRIVE</b> <b>WEST PALM BEACH FL 33409</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>8403 S.E. Woodmere ST.</b> <b>Hobe Sound, Fl. 33455</b>
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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: <b>Dale O. Lovett</b>	<b>4/10/03 561 758-2019</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

CR2E034 (10/02)