


**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P 960000 49520**  
 1. Entity Name  
**LOVJAC, INC**



90112296

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**4004 W. NEPTUNE ST**  
 Suites, Apt. #, etc.  
**Suite 103**

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State

City & State  
**TAMPA FLORIDA**  
 Zip  
**33629** Country  
**HILL**


4. FEI Number  
**592416376** Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent  
 Name  
**GUERIN J. JACQUES**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4004 W. NEPTUNE**  
**Suite 103**  
 City  
**TAMPA** FL Zip Code  
**33629**

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  DATE

January 1 - May 1: Fee is \$150.00  
 After May 1: Fee is \$550.00  
 Amended UBR is \$61.25  
 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>RD RUTH LOVELL 4416 NEPTUNE ST TAMPA FL 33629</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>J JACQUES GUERIN 4410 TRILBY AVE TAMPA FL 33616</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>ST KINGIER DEBARRS 306 S. BOULEVARD TAMPA FL 33606 2151</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE  
**Apr 24 2003**