

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2001 8:00 am
Secretary of State

07-12-2001 90002 034 ***550.00

DOCUMENT # P97000012288

1. Entity Name
LUV-KUSH INVESTMENTS INC.

Principal Place of Business

Mailing Address

644 N. WOODLAND BLVD.
DELAND FL 32720

644 N. WOODLAND BLVD.
DELAND FL 32720

2. Principal Place of Business

3. Mailing Address

644 N. Woodland Blvd

644 N. Woodland Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DELAND

DELAND

City & State

City & State

DELAND FL

DELAND FL

Zip

Country

32720

Volusia

Zip

Country

32720

Volusia

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATEL, S. B.
644 N. WOODLAND BLVD
DELAND FL 32720

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.

SIGNATURE

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.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **VT**
STREET ADDRESS **PATEL, S.B.**
CITY-ST-ZIP **3236 US HIGHWAY 1**
FT. PIERCE FL 34982

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

TITLE ☐ Delete
NAME **PS**
STREET ADDRESS **PATEL, TUSHAR**
CITY-ST-ZIP **3236 US HIGHWAY 1**
FT. PIERCE FL 34982

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **644 N. WOODLAND BLVD**
CITY-ST-ZIP **DELAND FL 32720**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-08-2001 **(904) 734-5711**

Date

Daytime Phone #

CR2E034 (5/01)