

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90055 021 ***158.75

DOCUMENT # P97000081038

1. Entity Name

MARY LOVE RIDGE SERVICES, INC.

Principal Place of Business

Mailing Address

C/O JONATHAN H. GREEN & ASSOCIATES. P.A.
 799 BRICKELL PLAZA SUITE 700
 MIAMI FL 33131-2816

999 C HAMILTON DR
 HOMESTEAD FL 33034-2667

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0781364

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOVERDIGE, MARY K
999 C HAMILTON DR - SEC change
HOMESTEAD FL 33034

Name **LOVERIDGE, MARY K.**
 Street Address (P.O. Box Number is Not Acceptable)
999-B HAMILTON DR
 City **HOMESTEAD** FL Zip Code **33034**

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 Mary K. Loveridge

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

(NOTE: Registered Agent signature required when reinstating)

21 March 00
 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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GREEN, JONATHAN H 799 BRICKELL PLAZA STE 700 MIAMI FL 33131-2816 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LOVERIDGE, MARY K 999 C HAMILTON DR HOMESTEAD FL 33034 | <input type="checkbox"/> Delete |
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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:

Mary K. Loveridge
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21 March 00
 Date

305.2486.904
 Daytime Phone #

CR2E034 (9/99)