

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 11, 2001 8:00 am**  
**Secretary of State**

01-11-2001 90048 014 \*\*\*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

600637



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
 Homestead FL.

4. FEI Number 65-0781364

Applied For

Not Applicable

Zip

Country

Zip

Country

33034

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 B HAMILTON DR  
 HOMESTEAD FL 33034

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 MK Loveridge 6 Jan 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.  (See criteria on back)

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	GREEN, JONATHAN H	799 BRICKELL PLAZA STE 700 MIAMI FL 33131-2816	<input type="checkbox"/>
	D	LOVERDIGE, MARY K	999 C HAMILTON DR HOMESTEAD FL 33034	<input type="checkbox"/>
		<del>FREDERICK LOVERDIGE JR.</del>		<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	Vice President	FREDERICK LOVERDIGE JR	10813 SW 188 ST MIAMI FL 33157	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 MARY K. LOVERIDGE 01-06-01 305 2486904

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04906880

CR2E034 (10/00)