

2001 UNIFORM BUSINESS REPORT (UBR)

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 33131-2818

999 C HAMILTON DR
HOMESTEAD FL 33034

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HOMESTEAD FL.

Zip

Country

Zip

Country

33034

4. FEI Number 65-0781364

Applied For

Not Applicable

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	D	<input type="checkbox"/> Delete
NAME	GREEN, JONATHAN H	
STREET ADDRESS	799 BRICKELL PLAZA STE 700	
CITY-ST-ZIP	MIAMI FL 33131-2818	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOVERDIGE, MARY K	
STREET ADDRESS	999 C HAMILTON DR	
CITY-ST-ZIP	HOMESTEAD FL 33034	
TITLE	FREDERICK LOVERDIGE JR	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

FILED

Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90048 014 ***158.75

600637



DO NOT WRITE IN THIS SPACE

0400680

CR2E034 (10/00)