2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State
04-16-2003 90175 014 ***158.75

DOCUMENT # P98000035451

1. Entity Name
RANDALL J. LOVE, P.A.

Principal Place of Business	Mailing Address
8138 MASSACHUSETS AVE NEW PORT RICHEY FL 34653	8138 MASSACHUSETS AVE NEW PORT RICHEY FL 34653

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
10816 US 19 N	10816 US 19 N
Suite, Apt. #, etc.: 110	Suite, Apt. #, etc.: 110
City & State: Port Richey FL	City & State: Port Richey F
Zip: 34668 Country: US	Zip: 34668 Country: US

4. FEI Number 59-3506140 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LOVE, RANDALL J
8138 MASSACHUSETTS AVE
NEW PORT RICHEY FL 34653

7. Name and Address of New Registered Agent

Name: Love, Randall J
Street Address (P.O. Box Number is Not Acceptable): 10816 US 19 N
#110
City: Port Richey FL Zip Code: 34668

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 [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LOVE, RANDALL J 2643 SPYGLASS BLVD CLEARWATER FL 33761	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOVE, MARIA 2643 SPYGLASS BLVD CLEARWATER FL 33761	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ Randall J. Love 4/13/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #