

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2002 8:00 am
Secretary of State

04-28-2002 90780 006 ***150.00

DOCUMENT # P980000 35590

1. Entity Name

ROY LOVE ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

31927

2. Principal Place of Business

10225 Ulmerton Rd

3. Mailing Address

10225 Ulmerton Rd

Suite, Apt. #, etc.

Bldg 11

Suite, Apt. #, etc.

Bldg 11

City & State

Largo FL

City & State

Largo FL

Zip

33771

Country

Zip

33771

Country

4. FEI Number

59-3580119

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Joseph F. Pippen Jr & Associates

Street Address (P.O. Box Number is Not Acceptable)

10225 Ulmerton Rd Bldg 411

City

Largo

FL

Zip Code

33771

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

D
LOVE, ROY
11069 100th St N
LARGO, FL 32773

TITLE
NAME
STREET ADDRESS
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-15-02 727-391-9694

CR2E034B (12/01)