

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000053854

**Entity Name:** VICKIE LOVELL PROFESSIONAL SERVICES, INC.

**Current Principal Place of Business:**

200 NE 2ND AVE  
SUITE #309  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

200 NE 2ND AVE  
SUITE #309  
DELRAY BEACH, FL 33444 US

**FEI Number:** 27-0409995

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LOVELL, VICKIE J  
200 NE 2ND AVE  
SUITE #309  
DELRAY BEACH, FL 33444 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            P  
Name            LOVELL, VICKIE J  
Address        777 E ATLANTIC AVE #301  
City-State-Zip: DELRAY BEACH FL 33483

Title            T/D  
Name            FRAME, WILLIAM A  
Address        212 KENSINGTON WAY  
City-State-Zip: WEST PALM BEACH FL 33414

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIAM FRAME

**03/20/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date