

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90085 033 ***150.00

DOCUMENT # 285411

1. Entity Name

LITTLE & CO., INC.

Principal Place of Business

Mailing Address

3232 MAINE AVE
 EATON PARK FL 33840
 US

P.O. BOX 1849
 EATON PARK FL 33840
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1057016

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

SMITH, WYATT F JR.
3232 MAIN AVENUE
EATON PARK FL 33840

Maine Ave.

Name

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

City

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ST	<input type="checkbox"/> Delete
NAME	SMITH, GAYLE V	
STREET ADDRESS	3232 MAINE AVENUE	
CITY-ST-ZIP	EATON PARK FL 33840	
TITLE	V	<input type="checkbox"/> Delete
NAME	SMITH, GAYLE V	
STREET ADDRESS	3232 MAINE AVENUE	
CITY-ST-ZIP	EATON PARK FL 33840	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH JR, WYATT F	
STREET ADDRESS	3232 MAINE AVENUE	
CITY-ST-ZIP	EATON PARK FL 33840	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowers.

SIGNATURE: *Wyatt F. Smith Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-01 863-665-4887

Date Daytime Phone

CR2E034 (10.00)