

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90160 041 ***150.00

DOCUMENT # **P02000037778**



1. Entity Name
NANA'S LITTLE CHIEFS, INC.

Principal Place of Business
~~1500 S. FIRST ST.~~
LAKE CITY FL 32025

Mailing Address
~~1500 S. FIRST ST.~~
LAKE CITY FL 32025



2. Principal Place of Business
846 SW Main Blvd
Suite, Apt. #, etc.

3. Mailing Address
846 SW Main Blvd
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

4. FEI Number **30-0083423** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
DAVIS, NETTIE M
~~1500 S. FIRST ST.~~
LAKE CITY FL 32025

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
846 SW Main Blvd
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P DAVIS, NETTIE M 1500 S. FIRST ST. 846 SW Main Blvd LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete V DAVIS, CYNTHIA S 1500 VALLEY WAY LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete S SUND, JACQUELINE F. 1200 LAKE MONTGOMERY DR. 1057 SW Lake Montgomery Dr. LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Attorney General REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/7/03** Daytime Phone # **386-252-4576**

CR2E034 (10/02)