

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90081 025 ***150.00

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1. Entity Name
R. LITTLE ENTERPRISES, INC.

Principal Place of Business
**UNIT 902, 2700 N A1A
FT PIERCE FL 34949**

Mailing Address
**UNIT 902, 2700 N A1A
FT PIERCE FL 34949**



2. Principal Place of Business
Same as above

3. Mailing Address
Same

CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number
32-0021369

Applied For
 Not Applicable

Zip
34949 Country
ST. LUCIE

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**LITTLE, D ROBERT
UNIT 902, 2700 N A1A
FT PIERCE FL 34949**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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 *Darlene Little* DATE **4-10-03**

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

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	D LITTLE, D ROBERT UNIT 902, 2700 N A1A FT PIERCE FL 34949	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Same address</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITTLE, LESLIE UNIT 902, 2700 N A1A FT PIERCE FL 34949	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>V.ICE Pres. LESLIE LITTLE 2393 BRAVENOR, WILLIAMSTON MI 48895</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITTLE, BRAD UNIT 902, 2700 N A1A FT PIERCE FL 34949	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>ASST. V/P 11794 BRADFORD, LK DR RT. 1 FREDRICK, MI 49733</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: *DARLENE LITTLE* DATE **4-10-03** 772-489-6184

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)