

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90234 016 ***150.00

DOCUMENT # P99000044872

1. Entity Name
LITTLE GENERAL MARKET AND FEED, INC.

Principal Place of Business

**4551 W CARDINAL ST
 HOMOSASSA FL 34446**

Mailing Address

**5201 S. CHESTNUT TERR.
 LECANTO FL 34461**

J L O S S



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**4551 W. Cardinal St.
 Suite, Apt. #, etc.
 Homosassa, FL
 City & State**

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number **59-3581467**

Applied For
 Not Applicable

Zip

34461

Country

CITRUS

Zip

Country

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

**FOX, SANDRA L
 5201 S. CHESTNUT TERR.
 LECANTO FL 34461**

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.

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)

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	D	<input type="checkbox"/> Delete
NAME	FOX, SANDRA L	
STREET ADDRESS	5201 S. CHESTNUT TERR.	
CITY-ST-ZIP	LECANTO FL 34461	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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 empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandra L. Fox Sandra L. Fox

Date

2/9/01 352-628-1577

Daytime Phone #

CR2E034 (10/00)