

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

04-15-2003 90087 043 \*\*\*150.00

1571-504 AV

DOCUMENT # **P99000044872**

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



Principal Place of Business  
**4611 W CARDINAL STREET  
LECANTO FL 34461**

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



2. Principal Place of Business

**4611 W. Cardinal St**

Suite, Apt. #, etc.  
**Homosassa, FL**  
City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

CHECK HERE IF MAKING CHANGES

Zip  
**34446**

Country  
**USA**

Zip

Country

4. FEI Number **59-3581467**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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 \_\_\_\_\_ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME **D FOX, SANDRA L**  
STREET ADDRESS **5201 S. CHESTNUT TERR.**  
CITY-ST-ZIP **LECANTO FL 34461**

TITLE  Change  Addition  
NAME **VP Joseph L Fox**  
STREET ADDRESS **7001 S. Ridge Pt**  
CITY-ST-ZIP **Homosassa, FL 34446**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **Sandra L. Fox** **Sandra L. Fox** **4/6/03** **352-628-1577**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (10/02)