FILED
Aug 04, 2003 8:00 am
Secretary of State
06-20-2003 90028 011 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J12036

1. Entity Name

LITTLE HARBOUR PLAZA, INC.

DO NOT WRITE IN THIS SPACE

55053181

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2809 OCEAN DR. S.	2809 OCEAN DR. S.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE BEACH, FL	City & State: JACKSONVILLE BEACH, FL.
Zip: 32250 Country:	Zip: 32250 Country:

4. FEI Number: 592699836 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ALBERT E. BUSCHMAN, JR.

Street Address (P.O. Box Number is Not Acceptable): 2215 SOUTH 3RD ST #101

City: JAX BCH FL Zip Code: 32250

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PTS	TITLE	
NAME	HEDDET SENHART	NAME	
STREET ADDRESS	2809 OCEAN DR. S.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BCH, FL.	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ HEDDET SENHART 6 June 2003 (904) 249-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #