FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jul 06, 2001 8:00 am 158614 DOCUMENT # **Secretary of State** 1. Entity Name LITTLE RIVER JEWELRY CO. 07-06-2001 90211 031 ***550.00 Principal Place of Business Mailing Address 4122 E EL CAMINO REAL 4122 E EL CAMINO REAL LAKELAND FL 33813 LAKELAND FL 33813 2. Principal Place of Business FIT END RL. Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-0600473 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agen 7. Name and Address of New Registered Agent Nm SMITH, GORDON E 4122 E EL CAMINO REAL LAKELAND FL 33813 CityCHULUOTA 8. The above named entity submits this statement for the purpose of changing its register gistered agent, or both, in the State of Florida. Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition SMITH HARPY W. 517 ENDERBY Rd. NAME SMITH.GORDON E NAME STREET ADDRESS 4122 E EL CAMINO REAL STREET ADDRESS CHULLOTA FI CITY-ST-ZIP LAKELAND FL CITY-ST-ZIP TITLE D ☐ Delete TITLE Change ☐ Addition SMITH DONALD H. SMITH HARRY W NAME NAME STREET ADDRESS 4122 E EL CAMINO REAL STREET ADDRESS CITY-ST-ZIP CHULLIOTA, FI 32766 LAKELAND FL CITY-ST-ZIP -TITLE ----< □ Deleter f = ' TITLE Change ☐ Addition NAME SMITH, DONALD H. NAME STREET ADDRESS 4122 E EL CAMINO REAL STREET ADDRESS CITY-ST-7IP LAKELAND FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 of trustee empowered to present this peport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver changed, or on an attachment y