

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 694695

1. Entity Name

JAMES E. LITTLE, D.D.S., P.A.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90126 014 ***150.00

Principal Place of Business

8799 CORTEZ RD. W.
BRADENTON FL 33578

Mailing Address

4407 87TH ST. CT. W.
BRADENTON FL 34210

2. Principal Place of Business

5210 Creekwood Blvd
Suite, Apt. #, etc.

3. Mailing Address

5210 Creekwood Blvd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Bradenton FL

City & State

Bradenton FL

4. FEI Number

59-2109812

Applied For

Not Applicable

Zip

34202

Country

USA

Zip

34202

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LITTLE, JAMES E
8799 CORTEZ RD. W.
BRADENTON FL 33578

7. Name and Address of New Registered Agent

Name

LITTLE, JAMES E.

Street Address (P.O. Box Number is Not Acceptable)

5210 Creekwood Blvd

City

Bradenton

FL

Zip Code

34202

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

James E. Little, James E. Little DDS, Pres 1-08-01

Signature, typed or printed name of registered agent and date 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

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | LITTLE, JAMES E | |
| STREET ADDRESS | 8799 CORTEZ RD. W. | |
| CITY-ST-ZIP | BRADENTON FL 33578 | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | LITTLE, KAREN C | |
| STREET ADDRESS | 8799 CORTEZ RD. W. | |
| CITY-ST-ZIP | BRADENTON FL 33578 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LITTLE, JAMES E | |
| STREET ADDRESS | 5210 Creekwood Blvd | |
| CITY-ST-ZIP | Bradenton, FL 34202 | |
| TITLE | STD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LITTLE, KAREN C. | |
| STREET ADDRESS | 5210 Creekwood Blvd | |
| CITY-ST-ZIP | Bradenton, FL 34202 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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:

James E. Little, James E. Little DDS, Pres 1-08-01 941-755-1488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)