## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

## DOCUMENT # 820152

1. Entity Name

BIG/LITTLE STORES, INC.

Principal Place of Business

SIGNATURE:



## FILED Jan 29, 2003 8:00 am Secretary of State

01-29-2003 90313 050 \*\*\*150.00

511 EAST PARK AVENUE BOX 1236 ENTERPRISE AL 36331			511 EAST PARK AVENUE BOX 1236 ENTERPRISE AL 36331									
2. Principal Place of Business			3. Mailing Address					160 11014 00181 11003 MILI	<b>  </b>	<b>     </b>		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			City & State			4	I. FEI Number	63-0519611			oplied For ot Applicable	
Zip Country			Zip	/	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						
MILLER, GEORGE RALPH U.S. HWY 90 EAST P.O. BOX 112						Name Street Address (P.O. Box Number is Not Acceptable)						
	SPRINGS	The .			City	·····			FL	Zip Code	e	
	ions of regist		the purpose of changing its and title if applicable. (NOTE			registered		in the State of Flo	rida. I am fa	miliar with,	and accept	
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  OFFICERS AND DIRECTORS							Trusi	tion Campaign Fin t Fund Contribution	n.	Ådded	May Be I to Fees	
10	lv.	OFFICERS AND L		11.		ΓV	ADDITIONS/C	HANGES TO OFFI	ICERS AND	<del>~/</del>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RANKIN, J 107 MAMII ENTERPRI	E ST	☐ Delete	TITLE NAME STREET CITY-S	address T-ZIP	982 1		es A. RO 1702 36322		Change	☐ Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	P MCCREAR 119 EAGLI ENTERPRI		☐ Delete	TITLE NAME STREET CITY-S	address T-Zip	628	County 1	Albert R. E 20. 266 AL 36330	)r·	Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, CURTIS NWOOD CR SE AL 36330	Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP	-		· -		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		rginia Sor garden dr Se al. 36330	☐ Delete	TITLE NAME STREET CITY-S	address T-zip	255	), VIAGIN NINO SOR	ia Garpen Dr . 36330		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADORESS I-ZIP					☐ Change	☐ Addition	
12. I hereby of indicated of the corchanged,	certify that the on this repor poration or th or on an atta	e information supplied with t or supplemental report is le receiver or trustee empo- achment with an address, w	this filing does not qualify for true and accurate and that m wered to execute this report a ith all other like empowered.	the exem y signatur as require	ption stat e shall h d by Cha	ted in Section ave the same opter 607, Fl	on 119.07(3)(i), ne legal effect a orida Statutes;	Florida Statutes. It as if made under of and that my name	further certi path; that I ar appears in	fy that the ir n an officer Block 10 or	nformation or director Block 11 if	

Date

Daytime Phone #