

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F01000003577**

1. Entity Name  
**LITTLETON COMPANY, INC. OF NC**

Principal Place of Business  
**232 EASTRIDGE DRIVE  
SPRUCE PINE NC 28777**

Mailing Address

**232 EASTRIDGE DRIVE  
SPRUCE PINE NC 28777**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc.

**Suite, Apt. #, etc.**

City & State

Zip

Country

Zip

Country

4. FEI Number

**56-1274075**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

## 6. Name and Address of Current Registered Agent

**GRiffin, chester  
311 south 2nd street, suite 20c  
ft pierce fl 34950**

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

Signature, typed or printed name of registered agent and title 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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

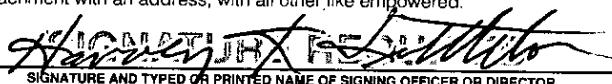
**\$5.00 May Be  
Added to Fees**

## 11. OFFICERS AND DIRECTORS

| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PC<br><b>LITTLETON, HARVEY K<br/>232 EASTRIDGE DRIVE<br/>SPRUCE PINE NC 28777</b>  | <input type="checkbox"/> Delete | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |  |
|--|--|---------------------------------|---|---|--|
|  |  |                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VPVC<br/>SHAY, CAROL L<br/>356 WINE ROAD WING ROAD<br/>BAKERSVILLE NC 28705</b> | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>STD<br/>LITTLETON, BESS<br/>232 EASTRIDGE DRIVE<br/>SPRUCE PINE NC 28777</b>    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
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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.

CR2E034 (4/02)

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-10-02 772-595-9845

Date

Daytime Phone #