

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90486 042 ***150.00

DOCUMENT # F01000003577

1. Entity Name
LITTLETON COMPANY, INC. OF NC



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

DBA THE LITTLETON COLLECTION

2. Principal Place of Business
3690 NORTH US 1

3. Mailing Address

Mailing Address
**232 EASTRIDGE DRIVE
SPRUCE PINE NC 28777**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PORT PIERCE FL

City & State

4. FEI Number **56-1274075**

Applied For
Not Applicable

Zip
34946

Country

Zip

Country

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

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PC** ☐ Delete
NAME **LITTLETON, HARVEY K**
STREET ADDRESS **232 EASTRIDGE DRIVE**
CITY-ST-ZIP **SPRUCE PINE NC 28777**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPVC** ☐ Delete
NAME **SHAY, CAROL L**
STREET ADDRESS **356 WING ROAD (WING)**
CITY-ST-ZIP **BAKERSVILLE NC 28705**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☐ Delete
NAME **LITTLETON, BESS**
STREET ADDRESS **232 EASTRIDGE DRIVE**
CITY-ST-ZIP **SPRUCE PINE NC 28777**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Carol Littleton Shay** **U.P. 4/25/03 828-765-9873**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)