

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G81052

1. Entity Name

MARC LITTLE ENTERPRISES, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90338 028 ***150.00

Principal Place of Business

Mailing Address

101 EAST UNION STREET
 SUITE #104
 JACKSONVILLE FL 32202

8070 WAKEFIELD AVE
 JACKSONVILLE FL 32208-4260
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

101 EAST UNION STREET
 Suite, Apt. #, etc.
 SUITE 104
 City & State
 JACKSONVILLE, FLORIDA
 Zip
 32202
 Country
 USA

8070 WAKEFIELD AVENUE
 Suite, Apt. #, etc.
 City & State
 JACKSONVILLE, FLORIDA
 Zip
 32208
 Country
 USA

4. FEI Number 59-2356267

Applied For
 Not Applicable

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

LITTLE, MARC
 8070 WAKEFIELD AVENUE
 JACKSONVILLE FL 32208

Name

NA

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.

SIGNATURE

[Signature]

MARC CURTIS LITTLE

4-30-00

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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	LITTLE, MARC	
STREET ADDRESS	8070 WAKEFIELD AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-00 904-356-2244

CR2E034 (9/99)