## 2001 UNIFORM BUSINESS REPORT (UBR)

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

E OF SIGNING OFFICER OR DIRECTOR

## FILED Feb 02, 2001 8:00 am Secretary of State **DOCUMENT # H20682** 1. Entity Name LITTLE TEX A/C, INC. 02-02-2001 90271 048 \*\*\*150.00 Principal Place of Business Mailing Address 11420 FORTUNE CIR 131 11420 FORTUNE CIR 131 W PALM 8CH FL 33414 W PALM BCH FL 33414 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 74-1848070 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name <u>stanley Subjinskė</u> SUBJINSKE, STANLEY S. Street Address (P.O. Box Number is Not Acceptable) 12169 SUGAR PINE TR. W. PALM BEACH FL 33414 12714 Guilford Circle City West Palm Beach Zip Code 33414 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PD PD X Change ☐ Addition TITLE ☐ Delete TITI F SUBJINSKE, STANLEY S. NAME NAME Subjinske, Stanley S. 1335 ESSEX DRIVE STREET ADDRESS STREET ADDRESS 12714 Guilford Circle CITY-ST-ZIP W PALM BEACH FL CITY-ST-ZIP West Palm Beach, FL 33414 Change ☐ Addition TITLE ☐ Delete TITLE ELIAS, GERRI NAME NAME 1032 MORGAN ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRIDGEVILLE PA CITY-ST-ZIP Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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