

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State
02-18-2002 90182 036 ****50.00

DOCUMENT # L98000000912

1. Entity Name
54 LITTLE, LC

Principal Place of Business
**1030 WEST INTERNATIONAL SPEEDWAY BLVD.
DAYTONA BEACH FL 32114**

Mailing Address
**1030 WEST INTERNATIONAL SPEEDWAY BLVD.
DAYTONA BEACH FL 32114**

2. Principal Place of Business
SUITE 201

3. Mailing Address
c/o Charles Wayne Properties Inc

Suite, Apt. #, etc.
SUITE 201

Suite, Apt. #, etc.
SUITE 201

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3479581**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**TOWER, DEVIN
1030 WEST INTERNATIONAL SPEEDWAY BLVD.
DAYTONA BEACH FL 32114**

7. Name and Address of New Registered Agent

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.

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 \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **TOWER, DEVIN**
STREET ADDRESS **1030 WEST INTERNATIONAL SPEEDWAY BLVD.**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **MGR** ☐ Delete
NAME **LICHTIGMAN, CHARLES**
STREET ADDRESS **1030 W. INTN' SPEEDWAY BLVD.**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED** **TOWER** **JANUARY 22, 2002** **(386)238-3600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (9/01)