

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90694 037 \*\*\*150.00

**DOCUMENT # P00000006863**

**1. Entity Name**  
**LITTLE BEEZ TRUCKING, INC.**



**Principal Place of Business**  
**25431 SW 127 AVE**  
**HOMESTEAD FL 33032**

**Mailing Address**  
**26231 SW 132 PLACE**  
**HOMESTEAD FL 33032**

**2. Principal Place of Business**  
**23600 SW 132 Avenue**

**3. Mailing Address**  
**23600 SW 132 Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
**Princeton, Florida**

**City & State**  
**Princeton, Florida**

**4. FEI Number** **65-0985098**

**Applied For**  
**Not Applicable**

**Zip** **33032** **Country** **USA**

**Zip** **33032** **Country** **USA**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**



**6. Name and Address of Current Registered Agent**

**LORENZO, BERTO JR**  
**25431 SW 127 AVE**  
**HOMESTEAD FL 33032**

**7. Name and Address of New Registered Agent**

**Name**

**Street Address (P.O. Box Number is Not Acceptable)**  
**24401 SW 12th Court**

**City**

**Princeton FL**

**FL**

**Zip Code**

**33032**

**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**

**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**  
**Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** **PD** ☐ **Delete**  
**NAME** **LORENZO, BERTO JR**  
**STREET ADDRESS** **25431 SW 127 AVE**  
**CITY-ST-ZIP** **HOMESTEAD FL 33032**

**TITLE** **SD** ☐ **Delete**  
**NAME** **CALVO, LEONOR**  
**STREET ADDRESS** **25431 SW 127 AVE**  
**CITY-ST-ZIP** **HOMESTEAD FL 33032**

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

☒ **Change** ☐ **Addition**  
**TITLE**  
**NAME**  
**STREET ADDRESS** **24401 SW 12th Court**  
**CITY-ST-ZIP** **Princeton FL 33032**

**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**

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

**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:** **SIGNATURE REQUIRED**

**3/3/03**

**33032**

**Date** **Daytime Phone #**

CR2E034 (10/02)