

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000008267

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: JUST A LITTLE TRIM, INC.

Current Principal Place of Business:

RT 3 BOX 239 HWY 274
ALTHA, FL 32421

New Principal Place of Business:

12900 FOWHAND ROAD
YOUNGSTOWN, FL 32466

Current Mailing Address:

P O BOX 21
PANAMA CITY, FL 32402

New Mailing Address:

FEI Number: 59-3616725 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWHAND, ALLISON L
12900 FOWHAND ROAD
YOUNGSTOWN, FL 32466

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FOWHAND, CLARK E II
Address: 12900 FOWHAND ROAD
City-St-Zip: YOUNGSTOWN, FL 32466

Title: V (X) Delete
Name: CHASON, JEFFRY K
Address: RT 3 BOX 239 (HWY 274)
City-St-Zip: ALTHA, FL 32421

Title: S/T () Delete
Name: FOWHAND, ALLISON L
Address: 12900 FOWHAND ROAD
City-St-Zip: YOUNGSTOWN, FL 32466

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: FOWHAND, ALLISON L
Address: 12900 FOWHAND ROAD
City-St-Zip: YOUNGSTOWN, FL 32466

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLISON L. FOWHAND

V

04/29/2002

Electronic Signature of Signing Officer or Director

_____ Date