

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90240 027 \*\*\*150.00

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DOCUMENT # P00000057036

1. Entity Name  
THE LITTLE WHITE WEDDING CHAPEL, INC.



Principal Place of Business

~~7850 S PARK PLACE~~  
~~ORLANDO FL 32819~~

ADDRESS

CHANGE

Mailing Address

~~7850 S PARK PLACE~~  
~~ORLANDO FL 32819~~

2. Principal Place of Business

4618 WEST IRLO

Suite, Apt. #, etc.

BRONSON MEM HWY

City & State

KISSIMMEE FLORIDA

Zip  
34746-5319

Country  
USA

3. Mailing Address

4618 WEST IRLO

Suite, Apt. #, etc.

BRONSON MEM HWY

City & State

KISSIMMEE FLORIDA

Zip  
34746-5319

Country  
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3647984

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TRUETT, MICHAEL W

~~7850 S PARK PLACE~~  
~~ORLANDO FL 32819~~

ADDRESS CHANGE

7. Name and Address of New Registered Agent

Name

TRUETT, MICHAEL W

Street Address (P.O. Box Number is Not Acceptable)

4618 WEST IRLO BRONSON

MEM - HWY

City

KISSIMMEE

FL

Zip Code

34746-5319

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 MW Truett MICHAEL W. TRUETT PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

APRIL 14 2003

**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 P ☐ Delete  
NAME TRUETT, MICHAEL W  
STREET ADDRESS ~~7850 S PARK PLACE~~ ADDRESS  
CITY-ST-ZIP ~~ORLANDO FL 32819~~ CHANGE

TITLE V ☐ Delete  
NAME TRUETT, PATRICIA A  
STREET ADDRESS ~~7850 S PARK PLACE~~ ADDRESS  
CITY-ST-ZIP ~~ORLANDO FL 32819~~ CHANGE

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

TITLE PRESIDENT ☐ Change ☐ Addition  
NAME TRUETT MICHAEL W  
STREET ADDRESS 4618 WEST IRLO BRONSON MEM HWY  
CITY-ST-ZIP KISSIMMEE FLORIDA 34746-5319

TITLE V-PRESIDENT ☐ Change ☐ Addition  
NAME TRUETT PATRICIA A  
STREET ADDRESS 4618 WEST IRLO BRONSON MEM HWY  
CITY-ST-ZIP KISSIMMEE FLORIDA 34746-5319

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:

MW Truett MICHAEL W. TRUETT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 14 2003  
Date Daytime Phone #

407-397-0461

CR2E034 (10/02)