2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2001 8:00 am
Secretary of State
05-23-2001 91153 027 ***150.00

DOCUMENT # P00000080596

1. Entity Name: Little DAVID'S INK.

Principal Place of Business: Little DAVID'S BILLIARDS

Mailing Address: 5675 Timuquana Road #6 JACKSONVILLE, FLA 32210

[redacted]

2. Principal Place of Business	3. Mailing Address
Little DAVID'S BILLIARDS	5675 Timuquana Rd #6
Suite, Apt. #, etc.: 5675 Timuquana Rd #6	Suite, Apt. #, etc.
City & State: JACKSONVILLE, FLA	City & State: JACKSONVILLE FLA
Zip: 32210 Country: AMERICA	Zip: 32210 Country: AMERICA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 592993781 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DAVID HOWARD
~~567~~ 6080 DAVON St
JACKSONVILLE, FLA 32244

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: David W. Howard President 4-30-01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

FILE NOW!!! FEE IS $150.00 After MAY 1, 2001 Fee will be $550.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PreADENT DAVID W. HOWARD 5675 Timuquana Rd #6 JACKSONVILLE, FLA 32210 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESADENT MELANIE LYNN HOWARD 5675 Timuquana Rd #6 JACKSONVILLE, FLA, 32210 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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

SIGNATURE: David W. Howard 4-30-01 904-771-2985

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #