

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

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 91165 037 \*\*\*150.00

**DOCUMENT #** P00000081847

**1. Entity Name**

LITTLE SHOTS, INC.

**DO NOT WRITE IN THIS SPACE**

B0061964

**2. Principal Place of Business**

222 OLD MILL CIRCLE

**3. Mailing Address**

P.O. BOX 22552

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

KISSIMMEE FL

**City & State**

LAKE BUENA VISTA FL

**4. FEI Number**

59-3670391

**Applied For**

Not Applicable

**Zip** 34746

**Country** USA

**Zip** 32830

**Country** USA

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

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

**Name**

KELLY A NORGREN

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

222 OLD MILL CIRCLE

**City**

KISSIMMEE

**FL**

**Zip Code**

34746

**DO NOT WRITE  
IN THIS SPACE**

**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**

*Kelly A. Norgren*

Kelly A. Norgren, President

3/25/02

Signature, type 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)

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$31.25**

**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**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

P.V.I.T.S.D.  
Kelly A. Norgren  
222 Old Mill Circle  
Kissimmee FL 34746

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

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IN THIS SPACE**

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Kelly A. Norgren*

Kelly A. Norgren, President

3/25/02

4073969461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)