FILED									
Mar 20, 2002 8:00 am									
Secretary of State									
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DOCUMENT # P0000090391 1. Entity Name WM. THORNING LITTLE, ARCH'T, P.A.							Secretary of State 03-20-2002 90033 041 ***150.00			
Principal Plac 537 SOUTH PI SARASOTA FL		Mailing Address 537 SOUTH PINEAPPLE AVE SARASOTA FL 34236				1 388/1886 111 88115 88151 88151 88151 88151 88151 88150	IBNII BAIBB IIINB IB	101 +10+ 100+		
	Place of Business South Oran		Mailing Address 665 Sov Suite, Apt. #, etc.	t# C	rang	eAve.	DO NOT WRITE IN THIS			
	SOTA FLUR	DA.	Sity & State ARA SOTA	PL		4. F	FEI Number 65-1066867	Not	plied For t Applicable	
Zip 3 40	Country 36 US/	4	34236	Coun	US A		Certificate of Status Desired Name and Address of New Registered	\$8.75 Add Fee Required		
LITTLE, WILLIAM T 537 SOUTH PINEAPPLE AVE SARASOTA FL 34236					Name Street Ac	LITTLE WILLIAM T t Address (P.O. Box Number is Not Acceptable) 665 S. Orange Ave. SARASOTA FL 34236 FL Zip Code				
8. The above	1 7 1			Pres il	DEN T	registered ag	ent, or both, in the State of Florida. 3.574 sinstating) DATE	,2	_	
			After May 1, 2	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 lake Check Payable to Department of Stat			10. Election Campaign Financing Trust Fund Contribution.		May Be to Fees	
NAME	OFFICE P LITTLE, WILLIAM T 537 S. PINEAPPLE AVE. SARASOTA FL 34238	ERS AND DIR	ECTORS Delete	ll ll		P	DITIONS/CHANGES TO OFFICERS AND C William T S-Orange Ave ARASOTA, EL 34	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	- 11	· · · · · · · · · · · · · · · · · · ·	•		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	- 11		ं दच्च चर्च क	A to the contract of the contr	Change	Addition -	
TITLE NAME STREET ADDRESS CITY-ST-7IP			☐ Delete	- 11	ſ			Change	Addition	

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 epprowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

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☐ Delete

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PRESIDENT

94/365.9284 Daytime Phone # 3.50Z

☐ Change

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