

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

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91741 025 ***150.00

DOCUMENT # P01 000049579

1. Entity Name

Little TOTS CPC INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Little TOTS CPC

3. Mailing Address

2925 Duff Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland

City & State

33810 FL

Zip

33810

Country

FL

Zip

33810

Country

FL

4. FEI Number

59 37 15221

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Delois Gennin

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

1315 SCOTT ST B

City

Tampa FL

FL

Zip Code

33606

**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

Delois Gennin

(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 \$61.25

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	<u>P</u>
NAME	<u>Marsha D. Hassel</u>
STREET ADDRESS	<u>903 Lyndemey Ln</u>
CITY-ST-ZIP	<u>Plant City FL 33566</u>
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

**DO NOT WRITE
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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ref# P1000049579

May 15/02

CR2E034B (12/01)