

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000055169

1. Entity Name
J.C. LITTLE PLUMBING, INC.

FILED
Aug 25, 2002 8:00 am
Secretary of State

08-25-2002 90215 017 ***550.00

Principal Place of Business
3971 ALBIN AVENUE
NORTH PORT FL 34286

Mailing Address
3971 ALBIN AVENUE
NORTH PORT FL 34286



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5159 Trott Cir.

3. Mailing Address
5159 Trott Cir.

City & State
North Port FL

City & State
North Port FL

4. FEI Number
59-3724440

Applied For
Not Applicable

Zip
34287

Country

Zip
34287

Country

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

6. Name and Address of Current Registered Agent

ROBERTS, GREGORY C
341 WEST VENICE AVENUE
VENICE FL 34285

7. Name and Address of New Registered Agent

Name
Linda M Little
Street Address (P.O. Box Number is Not Acceptable)
3971 Albin Ave.
City
North Port FL

FL Zip Code
34287

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 Linda M. Little Linda M. Little secretary 8/16/02
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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE
NAME PD
STREET ADDRESS LITTLE, J C
CITY-ST-ZIP 3971 ALBIN AVENUE
NORTH PORT FL 34286 ☐ Delete

TITLE
NAME VSTD
STREET ADDRESS LITTLE, LINDA M
CITY-ST-ZIP 3971 ALBIN AVENUE
NORTH PORT FL 34286 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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: Linda M Little Linda M Little secretary 8/16/02 (941)423-2121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (4/02)