

FILED

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000075268

1. Entity Name

LITTLE OAKS, INC.

02 OCT 16 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

010110

Principal Place of Business

1708 CAPE CORAL PARKWAY WEST
CAPE CORAL FL 33914

Mailing Address

1708 CAPE CORAL PARKWAY WEST
CAPE CORAL FL 33914

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

421533884

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLYARD, ROBERT
4532 SW 14TH AVE
CAPE CORAL FL 33914

7. Name and Address of New Registered Agent

Name

NEIL JENNIE

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

4920 CHIQUITA BLVD #103

City

CAPE CORAL

FL

Zip Code

33914

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

Signature, typed or print name of registered agent and title if applicable.

PRESIDENT

8/8/02

(NOTE: Registered Agent signature required when re-registering)

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 State10. 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	Change	Addition
PD	WILLYARD, ROBERT	1708 CAPE CORAL PARKWAY WEST	CAPE CORAL FL 33914	☒	☐
SD	WILLYARD, SHARON	1708 CAPE CORAL PARKWAY WEST	CAPE CORAL FL 33914	☒	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

C02034 (4/02)

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/10/02