

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-03-2002 90021 040 ***150.00

DOCUMENT # P01000109197

1. Entity Name

RICK LITTLE TIE BEAM, INC.

Principal Place of Business

**1035 DEER HOLLOW WAY
 SARASOTA FL 34232**

Mailing Address

**1035 DEER HOLLOW WAY
 SARASOTA FL 34232**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

66-1156046

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MORGAN, MICHAEL L
 1819 MAIN ST, SUITE 500
 SARASOTA FL 34236**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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

(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 \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 **PRESIDENT**
 NAME **PATRICK F LITTLE**
 STREET ADDRESS **1035 DEER HOLLOW WAY**
 CITY-ST-ZIP **SARASOTA FL 34232**

☐ Delete

TITLE **SECRETARY**
 NAME **KEITH M WOOFER**
 STREET ADDRESS **1694 DEER HOLLOW WAY**
 CITY-ST-ZIP **SARASOTA FL 34232**

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TITLE **TREASURER**
 NAME **JOHN J. MOLABECCA**
 STREET ADDRESS **2905 TRINIDAD ST**
 CITY-ST-ZIP **SARASOTA FL 34231**

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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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]

PATRICK LITTLE PRES.

4506

941-371-6244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)