## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 14, 2003 8:00 am Secretary of State

|  | <u> </u>  | -90 1161 911                  | . (0011)                   | <u>'</u>  |  | ,                        |                       |                 |
|--|---|-------------------------------|----------------------------|---|--|--------------------------|-----------------------|-----------------|
| DOCUMENT # P02000068452 ,- 1. Entity Name TARA LITTLE, INC.  |   |                               |                            |   | 03-24-2003 90636 027 ***150.00   |                          |                       |                 |
| Principal Place of Business - Mailing Address 3355 S KIRKMAN RD #1327 3355 S KIRKMAN RD #132 ORLANDO FL 32811 , ORLANDO FL 32811 |   |                               | 327                        |   |  |                          |                       |                 |
| Principal Place of Business     3. Mailing Address   |   |                               |                            |   |  |                          |                       |                 |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.           |                            |   | CHECK HERE IF MAKING CHANGES   |                          |                       |                 |
| City & State   |   | City & State                  |                            |   | 4. FEI Number  |                          |                       | ,               |
| <b>Z</b> ip  | Country   | Zip                           | Country                    | - 1   | 5. Certificate of Status Desired   | \$8.75 Ad<br>Fee Require |                       | 1               |
|  | 6. Name and Address of Current I  | Registered Agent              |                            |   | . Name and Address of New Registers  | d Agent                  |                       |                 |
|  |   | <del></del>                   | Name                       |   | <u> </u>   | <del></del>              |                       | ~ ~             |
| BARTON, DAVID H CPA<br>244 S PALMETTO AVE  |   |                               | Street Add                 | eet Address (P.O. Box Number is Not Acceptable) |  |                          |                       |                 |
| DAYTON   | A BEACH FL 32114%   |                               |                            | _   |  |                          |                       | 7               |
|  | * **  |                               | City                       |   | F  | Zip Cod                  | e                     | 1               |
|  | e named entity submits this statement for<br>tions of registered agent.                                 | the purpose of changing its   | registered office or re    | egistered                                       | agent, or both, in the State of Florida. I a   | m familiar with,         | and accept            | 1               |
| SIGNATURE  | Signature, typed or printed name of registered agent a  | nd title if applicable, (NOTE | Registered Agent signature | required who                                    | n reinstating) DATE  |                          |                       |                 |
| Afte   | TILE NOW!!! FEE IS \$150.00<br>r May 1, 2003 Fee will be \$550.00<br>k Payable to Florida Department of | State                         |                            | <u> </u>  | Election Campaign Financing     Trust Fund Contribution.   |                          | O May Be<br>I to Fees |                 |
|  |   |                               |                            |   | A SOUTH ON THE SECOND AND ASSESSED ASSESSED AND ASSESSED ASSESSED AND ASSESSED ASSESSED AND ASSESSED ASSESSED AND ASSESSED ASSESSEDANCE ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESS | ID DIOCOTODI             | 20144                 | 4               |
| TITLE  | PSD OFFICERS AND D  | Delete                        | 11.                        |   | ADDITIONS/CHANGES TO OFFICERS A  | Change                   | Addition              |                 |
| NAME   | LITTLE, TARA  | L.J Detale                    | NAME                       |   |  | C) C) Salige             | ☐ Addition            | 18              |
| STREET ADDRESS<br>CITY-ST-ZIP  | 3355 S KIRKMAN RD #1327<br>ORLANDO FL 32811   |                               | STREET ADDRESS CITY-ST-ZIP |   |  |                          |                       | CR2E034 (10/02) |
| TITLE  | T ,   | ☐ Delete                      | TITLE                      |   |  | ☐ Channe                 | Addition              | 1월              |
| NAME   | BARTON, DAVID H CPA   | LL ()()()()                   | NAME                       |   |  |                          |                       | 0               |
| STREET ADDRESS   | 244 S PALMETTO AVE  |                               | STREET ADDRESS             |   |  |                          |                       |                 |
| CITY-ST-ZIP  | DAYTONA BEACH FL 32114  |                               | CITY-ST-ZIP                |   |  |                          |                       |                 |
| TITLE  |   | ☐ Detete                      | TITLE                      |   |  | ☐ Change                 | Addition              | _               |
| NAME   |   |                               | NAME                       |   |  |                          |                       |                 |
| STREET ADDRESS<br>CITY-ST-ZIP  |   |                               | STREET ADORESS CITY-ST-ZIP | ·,  |  |                          |                       | į –             |
| TITLE  |   | ☐ Delete                      | TITLE                      |   |  | Change                   | ☐ Addition            | ĺ               |
| NAME   |   | CT Ociera                     | NAME                       |   |  |                          |                       | Ì               |
| STREET ADDRESS   |   |                               | STREET ADORESS             |   |  |                          |                       | ļ               |
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| NAME   |   |                               | NAME                       |   |  |                          |                       | 1.              |
| STREET ADDRESS  <br>CITY-ST-ZIP  |   |                               | STREET ADDRESS CITY-ST-ZIP |   |  |                          |                       |                 |
| TITLE  | <u></u>   | ☐ Delete                      | TITLE                      |   |  | Channa                   | Addition              |                 |
| NAME   |   | T Descri                      | NAME                       |   |  | ☐ Change                 | ☐ Addition            |                 |
| STREET ADDRESS   |   |                               | STREET ADDRESS             |   |  |                          |                       |                 |
| CITY-ST-ZIP  |   |                               | CITY-ST-ZIP                |   |  |                          | ļ                     |                 |
|  |   |                               |                            |   |  |                          |                       |                 |

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SCHADURE AND TOPED OR PRINTED NAME OF SKINDING OFFICER OR DIRECTOR

3/5/03 388-252-8265