2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** P94000066473 1. Entity Name LITTLE PEOPLE'S GALLERY, INC. Principal Place of Business Mailing Address 5219 SPRINGSIDE CT 5219 SPRINGSIDE COURT ORLANDO FL 32819 ORLANDO FL 32819 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 59-3282771 Zip Country

FILED May 09, 2002 8:00 am § Secretary of State

05-09-2002 90088 019 ***150.00



Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

				Contrib		5Certificate of	Status Desired =====[⊒ ≈ -\$	8.75 Ad	lditional	
	6. Name	and Address of Current Re	gistered Agent	L	Fee Required					ea	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name						
BARTAK, JOSEPH P					ame						
					Street Address (P.O. Box Number is Not Acceptable)						
5219 SPRINGSIDE CT											
ORLANDO	O FL 32819					•					
						*****			,		
				Ci	ty			FL	Zip Cod	le	
8. The above	e named entity	submits this statement for th	e purpose of changing its	registered of	fice or registered	Lagant or both i	n the State of Florida		L <u>-</u>		
	,		a perpess of cridinging its	registered of	nice or registered	agent, or both, i	n the state of Florida.				
0101147110											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
			(NOTE	negisterau Agai	it signature required wit	en reinstating)		DATE			
9. This corporation is eligible to satisfy its Intangible FILE NOW!!					150.00	10 5					
Tax filing requirement and elects to do so. After May 1, 200				02 Fee will l	be \$550.00	1	on Campaign Financir Fund Contribution.	ng 		May Be	
(See criteria on back) Make Check Payable				le to Depart	tment of State	Husti	und Contribution.		Added	io Fees	
11.	OFFICERS AND DIRECTORS			12.`	ADDITIONS/CHANGES TO OFFICERS AND DIRECT				IRECTOR:	S IN 11	
TITLE	P Delete		TITLE					☐ Change	Addition		
NAME	BARTAK, LINDA M			NAME					_ onange	Addition	
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13. Thereby o	ertify that the in	nformation supplied with this	filing does not qualify for a		ototod in Contin	- 110.07(0)(1) =:	24.0.		 -		
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.											
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.											
changed, of on an attachment with an address with all other like empowered.											

SIGNATURE South & Warfel Joseph P. Bartak

4.24.02 407.298.9492