

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000050663

1. Entity Name

LITTLE BAY II INC.

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90023 013 ***150.00

Principal Place of Business

488 U.S. 98
EASTPOINT FL 32328

Mailing Address

P.O. BOX 730
EASTPOINT FL 32328

738675

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 **59-3383132**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARROLL, MAXIE G
488 HIGHWAY 98 E.
EASTPOINT FL 32328

7. Name and Address of New Registered Agent

Name Carroll, Willie
Street Address (P.O. Box Number is Not Acceptable)
287 Hwy 98 E
City Eastpoint FL Zip Code 32328

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

Willie F. Carroll
(NOTE: Registered Agent signature required when reinstating)

4-4-01
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, 2001 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 **P** ☒ Delete
NAME CARROLL, MAXIE G
STREET ADDRESS 287 HWY 98 E.
CITY-ST-ZIP EASTPOINT FL 32328

TITLE **S** ☐ Delete
NAME TRAMMELL, ELIZABETH J
STREET ADDRESS 67 10TH STREET
CITY-ST-ZIP APALACHICOLA FL 32320

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME Carroll, Willie F.
STREET ADDRESS 287 Hwy 98 E.
CITY-ST-ZIP Eastpoint, FL 32328

TITLE **V P** ☒ Change ☐ Addition
NAME Carroll, Maxie G.
STREET ADDRESS 287 Hwy 98 E.
CITY-ST-ZIP Eastpoint, FL 32328

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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: Willie F. Carroll
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-04-01 (850) 670-4535
Date Daytime Phone #

0461708

CR2E034 (10/00)