

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90127 046 \*\*\*150.00

**DOCUMENT # P96000080052**

1. Entity Name

**LITTLE BRITCHES, INC.**

Principal Place of Business

Mailing Address

4215 SOUTHPOINT BOULEVARD #100  
 JACKSONVILLE FL 32216

4215 SOUTHPOINT BOULEVARD #100  
 JACKSONVILLE FL 32216-6191

2. Principal Place of Business

3. Mailing Address

P.O. Box 551260

P.O. Box 551260

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville, FL

Jacksonville, FL

4. FEI Number

59-3409199

Applied For

Not Applicable

Zip

Country

Zip

Country

32255

32255

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHNEIDER, MICHAEL N  
 100 NATIONAL FINANCIAL BUILDING  
 4215 SOUTHPOINT BOULEVARD  
 JACKSONVILLE FL 32216

Michael N. Schneider  
 Street Address (P.O. Box Number is Not Acceptable)  
 5156 Belfort Road  
 Building 100  
 City Jacksonville FL Zip Code 32286

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

*Michael N. Schneider*

3/15/00

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VD	STALLINGS, VANCE C	10829 ST. AUGUSTINE ROAD	JACKSONVILLE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PSTD	STALLINGS, DANA M	10829 ST. AUGUSTINE ROAD	JACKSONVILLE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	FERGUSON, DANIEL	10829 ST. AUGUSTINE ROAD	JACKSONVILLE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	FERGUSON, LOIS	10829 ST. AUGUSTINE ROAD	JACKSONVILLE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

*Michael N. Schneider*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/30/00

Daytime Phone #

CR2E034 (9/99)