

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.



DO NOT WRITE IN THIS SPACE

City & State
 Jacksonville, FL

City & State
 Jacksonville, FL

4. FEI Number **59-3409199**

Applied For
 Not Applicable

Zip **32255** Country

Zip **32255** Country

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

Name
Michael N. Schneider
 Street Address (P.O. Box Number is Not Acceptable)
5156 Belfort Road
Building 100
 City **Jacksonville** FL Zip Code **32256**

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

DATE
3/15/00

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

(NOTE: Registered Agent signature required when reinstating)

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 **VD**
 NAME **STALLINGS, VANCE C**
 STREET ADDRESS **10829 ST. AUGUSTINE ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL**

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE **PSTD**
 NAME **STALLINGS, DANA M**
 STREET ADDRESS **10829 ST. AUGUSTINE ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL**

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE **VD**
 NAME **FERGUSON, DANIEL**
 STREET ADDRESS **10829 ST. AUGUSTINE ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL**

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE **VD**
 NAME **FERGUSON, LOIS**
 STREET ADDRESS **10829 ST. AUGUSTINE ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL**

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

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)