

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90111 028 ***150.00

DOCUMENT # P96000080052

1. Entity Name
LITTLE BRITCHES, INC.

Principal Place of Business Mailing Address
PO BOX 551260 JACKSONVILLE FL 32255 **PO BOX 551260 JACKSONVILLE FL 32255**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
10829 St. Aug. Rd. P.O. Box 24668

City & State City & State
Jacksonville FL Jacksonville, FL
 Zip Country Zip Country
32257 USA 32241 USA

4. FEI Number **59-3409199** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SCHNEIDER, MICHAEL N
5150 BELFORT RD
BLDG 100
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent
 Name **MEREDITH A. HERNANDEZ**
 Street Address (P.O. Box Number is Not Acceptable) **3617 CROWN PT. RD.**
SUITE #1
 City **JACKSONVILLE FL** Zip **32257**

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 **3/22/01**
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.
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STALLINGS, VANCE C 10829 ST. AUGUSTINE ROAD JACKSONVILLE FL 32257 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD STALLINGS, DANA M 10829 ST. AUGUSTINE ROAD JACKSONVILLE FL 32257 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FERGUSON, DANIEL 10829 ST. AUGUSTINE ROAD JACKSONVILLE FL 32257 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FERGUSON, LOIS 10829 ST. AUGUSTINE ROAD JACKSONVILLE FL 32257 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 32257
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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: **Dana M Stallings 2/26/01 (904)880-0155**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
president

CR2E034 (10/00)