

**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	<b>VD</b> <b>STALLINGS, VANCE C</b> <b>10829 ST. AUGUSTINE ROAD</b> <b>JACKSONVILLE FL 32257</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>32257</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD</b> <b>STALLINGS, DANA M</b> <b>10829 ST. AUGUSTINE ROAD</b> <b>JACKSONVILLE FL 32257</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>32257</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>FERGUSON, DANIEL</b> <b>10829 ST. AUGUSTINE ROAD</b> <b>JACKSONVILLE FL 32257</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>32257</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>FERGUSON, LOIS</b> <b>10829 ST. AUGUSTINE ROAD</b> <b>JACKSONVILLE FL 32257</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>32257</b>
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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

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)