2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000083565

1. Entity Name

LITTLE PIG CATERING, INC.

Principal Place of Business 1302 ORANGE AVE WINTER PARK FL 32789 US		Mailing Address		
		1302 ORANGE AVE WINTER PARK FL 32789-4912 US		
2. Principal Place of Business		3. Mailing Addres	ss	
Suite, Apt. #, e	tc.	Suite, Apt. #, et	lc.	
City & State		City & State		
Zìp	Country	Zip	Country	
(5. Name and Address of Cu	urrent Registered Agent		
			l Name	

FILED Mar 16, 2000 8:00 am Secretary of State 03-16-2000 90071 046 ***150.00



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Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State			DO NOT WRITE IN THIS SPACE				
				4. FEI N	4. FEI Number 59-3404655			lied For	
Zip Country		Zip	Country	_			8.75 Addit	Applicable	
Σ,μ	Oodinity			5. Certif	icate of Status Desired		e Required		
	6. Name and Address of Current Re	gistered Agent	Name	7. Name	and Address of New Re	gistered Ag	ent		
DEDMAN, IED									
BERMAN, JED 180 SOUTH KNOWLES AVENUE			Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
	TER PARK FL 32789			,,					
	,		City			FL	Zip Code		
8. The above	named entity submits this statement for the	ne purpose of changing its	registered office or regi	stered agent, o	or both, in the State of Flor	ida.			
0.00.147.1DE									
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable (NOTE	: Registered Agent signature req	uired when reinstati	ng)	DATE	 -		
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE			!! FEE IS \$150.00	10	Election Campaign Fina	encing	\$5.0 0	May Be	
Tax filing requirement and elects to do so.		After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta)O	Trust Fund Contribution		Added		
<u> </u>	ia on back)	L	12.	ı	ONS/CHANGES TO OFFI	CERS AND D	IBECTORS	IN 11	
TITLE	D . OFFICERS AND DI	Delete	TITLE	ADDITI	UNS/CHANGES TO OTH		Change	Addition	
NAME	WESTON, ALFRED S		NAME					_	
STREET ADDRESS	1171 AUDUBON WAY		STREET ADDRESS						
CITY-ST-ZIP	MAITLAND FL 32751		CITY-ST-ZIP						
TITLE NAME	D WHELLER, CLARENCE	☐ Delete	TITLE NAME			l	Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP	APOPKA FL 32712		CITY-ST-ZIP						
TITLE	D	☐ Delete	TITLE	-			Change	Addition	
NAME	BOWERS, PAULA		NAME						
STREET ADDRESS	219 RIPPLING LANE		STREET ADDRESS						
CITY-ST-ZIP	WINTER PARK FL 32789		CITY-ST-ZIP				Change	Addition	
TITLE NAME	MEINER, SAM	☐ Delete	TITLE NAME				Ghange	Addition	
STREET ADDRESS	2443 LOT-A-FUN AVE		STREET ADDRESS						
CITY-ST-ZIP	WINTER PARK FL 32789		CITY-ST-ZIP						
TITLE	-	☐ Delete	TITLE				Change	Addition	
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP				Change	Addition	
TITLE NAME		☐ Delete	TITLE NAME			l	Change	Audition	
NAME STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
13. I hereby o	certify that the information supplied with the	nis filing does not qualify for	the exemption stated in	Section 119.	07(3)(i), Florida Statutes. I	further certif	y that the int	ormation	

indicated on this leptor or supplemental report is true and accurate and that my signature shall have the same legal effect as in hade those daily that it are an accurate and that my signature shall have the same legal effect as in hade those daily that it are not stated to the daily that it is report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attackment with an address, with all other like empowered.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR