## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # P97000025774 Apr 10, 2000 8:00 am Secretary of State TERRY LITTLE GRADING, INC. 04-10-2000 90158 043 \*\*\*150.00 Mailing Address Principal Place of Business 7660 ROHUNA DRIVE 7660 ROHUNA DRIVE **NEW PORT RICHEY FL 34653** NEW PORT RICHEY FL 34653-3505 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3428497 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent-7: Name and Address of New Registered Agent Name LITTLE, TERRY-Street Address (P.O. Box Number is Not Acceptable) 7660 ROHUNA DRIVE **NEW PORT RICHEY FL 34653** Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. DTS Change Addition ☐ Delete TITLE TITLE LITTLE, TERRY NAME STREET ADDRESS STREET ADDRESS 7660 ROHUNA DRIVE CITY-ST-ZIP CITY-ST-ZIP **NEW PORT RICHEY FL 34653** ☐ Change Addition TITLE ☐ Delete LITTLE, MARY K NAME NAME STREET ADDRESS 7660 ROHUNA DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW PORT RICHEY FL 34653** ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

4-4-00 727 844-5662