FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 02, 2001 8:00 am Secretary of State DOCUMENT # P9700038931 BERNIE LITTLE DISTRIBUTING, INC. 02-02-2001 90301 036 ***150.00 Principal Place of Business Mailing Address 1314 SW 17TH ST 1314 SW 17TH ST OCALA FL 34474 OCALA FL 34474 2. Principal Place of Business 3. Mailing Address -- Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3451412 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOODWIN, JAMES W Street Address (P.O. Box Number is Not Acceptable) 111 E. MADISON STREET, SUITE 2300 **TAMPA FL 33602** City Zip Code 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** 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **DCEO** TITLE ☐ Delete TITLE ☐ Addition Change LITTLE, BERNIE SR. NAME NAME STREET ADDRESS 4105 MAIN AVE. STREET ADDRESS CITY-ST-ZIP EATON PARK FL 33840 CITY-ST-ZIP DT TITLE Delete TITLE Change ☐ Addition NAME LITTLE, JANE NAME STREET ADDRESS 4105 MAIN AVE. STREET ADDRESS CITY-ST-ZIP EATON PARK FL 33840 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME HAME, REBECCA J NAME STREET ADDRESS 4105 MAIN AVE. STREET ADDRESS CITY-ST-ZIP EATON PARK FL 33840 CITY-ST-ZIP DPS ☐ Delete TITLE Change ☐ Addition NAME LITTLE. BERNIE JR. NAME STREET ADDRESS 1314 SW 17TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34478 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LITTLE, JOSEPH K NAME STREET ADDRESS 4105 MAIN AVE. STREET ADDRESS CITY-ST-ZIP EATON PARK FL 33840 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 a first other like empowered.

BERUARD LITTLE JR 104 01 352-401-0993

VED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date