

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000038931

1. Entity Name

BERNIE LITTLE DISTRIBUTING, INC.

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90100 001 \*\*\*150.00

0534371 AV

Principal Place of Business

1314 SW 17TH ST  
OCALA FL 34474  
US

Mailing Address

1314 SW 17TH ST  
OCALA FL 34474  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3451412

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOODWIN, JAMES W  
111 E. MADISON STREET, SUITE 2300  
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

400 NORTH TAMPA ST SUITE 2300

City

FL

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

*Bernie Little Jr.*  
Signature, typed or printed name of registered agent and title if applicable.

PRESIDENT

BERNIE LITTLE JR.

1/8/02

(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. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 DCEO ☐ Delete  
NAME LITTLE, BERNIE SR.  
STREET ADDRESS 4105 MAIN AVE.  
CITY-ST-ZIP EATON PARK FL 33840

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DT ☐ Delete  
NAME LITTLE, JANE  
STREET ADDRESS 4105 MAIN AVE.  
CITY-ST-ZIP EATON PARK FL 33840

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DS ☐ Delete  
NAME HAME, REBECCA J  
STREET ADDRESS 4105 MAIN AVE.  
CITY-ST-ZIP EATON PARK FL 33840

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DPS ☐ Delete  
NAME LITTLE, BERNIE JR.  
STREET ADDRESS 1314 SW 17TH ST  
CITY-ST-ZIP Ocala FL 34478

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME LITTLE, JOSEPH K  
STREET ADDRESS 4105 MAIN AVE.  
CITY-ST-ZIP EATON PARK FL 33840

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Bernie Little Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02

Date

352.401.0993

Daytime Phone #

CR2E034 (9/01)