


2003 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90168 027 ***150.00

DOCUMENT # P97000108129
1. Entity Name
SHADY HILLS MINI MART & DELI INC



90088224

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
16901 SHADY HILLS RD
Suite, Apt. #, etc.

3. Mailing Address
16901 SHADY HILLS RD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SPRING HILL FL

City & State
SPRING HILL FL

Zip
34610

Country
PASCO

Zip
34610

Country
PASCO

4. FEI Number 59-3484880

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name BRIANA LITTLE

Street Address (P.O. Box Number is Not Acceptable)
5144 MADISON STREET

City NEW PORT RICHEY FL Zip Code 34653

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Briana Little* DATE 4/14/03

(NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT JEFFREY LITTLE 5144 MADISON ST NEW PORT RICHEY FL 34653	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS BRIANA LITTLE 5144 MADISON ST NEW PORT RICHEY FL 34653	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Briana Little* DATE 4/14/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #