

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90370 026 ***150.00

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

DOCUMENT # P98000001966					
1. Entity Name LITTLE PINK HOUSES, INC.					
Principal Place of Business 2529 S. BRINK AVENUE SARASOTA, FL 34239		Mailing Address 2529 S. BRINK AVENUE SARASOTA, FL 34239			
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 65-1011414	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent BACCARELLA, DOMINIC J 4144 N. ARMENIA AVE. STE. 210 TAMPA, FL 33607				7. Name and Address of New Registered Agent	
Name					
Street Address (P.O. Box Number is Not Acceptable)					
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent's signature required when submitting)					
				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	HEARD, DIANE			NAME	
STREET ADDRESS	2529 S. BRINK AVE.			STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34239			CITY-ST-ZIP	
TITLE	CEO	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	MORILLA, KIM I MR.			NAME	
STREET ADDRESS	2525 BRINK AVE. S.			STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34239			CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(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 Block 11 if changed, or on an attachment with an address, with another like empowered.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR				Date _____	

CFR2034 (10/02)