

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000015893

1. Entity Name

D. LITTLEFIELD EXPRESS, INC.

Principal Place of Business
16811 SHELBY LANE
NORTH FT. MYERS FL 33917

Mailing Address
P.O. BOX 3041
NORTH FT. MYERS FL 33918

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33917

USA

33917

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LITTLEFIELD, DWIGHT B
16811 SHELBY LANE
NORTH FT. MYERS FL 33917

Name Dwight B. Littlefield
Street Address (P.O. Box Number is Not Acceptable)
16671 Shelby Lane
City No Ft Myers FL Zip Code 33917

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
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	D	<input type="checkbox"/> Delete
NAME	LITTLEFIELD, DWIGHT B	
STREET ADDRESS	16811 SHELBY LANE	
CITY-ST-ZIP	NORTH FT. MYERS FL 33917	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01

Date

941-731-1490

Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90101 045 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)