

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046671

1. Entity Name

LITTLE JOE'S CORP

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90070 006 \*\*\*150.00

Principal Place of Business

270 PALM COAST PARKWAY  
PALM COAST FL 32137

Mailing Address

270 PALM COAST PARKWAY  
PALM COAST FL 32137

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3578722

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

JOSEPH ORZA

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

12 CONLEY COURT

City

PALM COAST

FL

Zip Code

32137

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, 2000 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

TITLE: PRESIDENT & DIRECTOR ☐ Delete  
NAME: JOSEPH ORZA  
STREET ADDRESS: 12 CONLEY COURT  
CITY-ST-ZIP: PALM COAST, FL 32137

TITLE: VICE PRESIDENT & DIRECTOR ☐ Delete  
NAME: LAURA ORZA  
STREET ADDRESS: 12 CONLEY COURT  
CITY-ST-ZIP: PALM COAST, FL 32137

TITLE: SECRETARY ☐ Delete  
NAME: LAURA ORZA  
STREET ADDRESS: 12 CONLEY COURT  
CITY-ST-ZIP: PALM COAST, FL 32137

TITLE: TREASURER ☐ Delete  
NAME: JOSEPH ORZA  
STREET ADDRESS: 12 CONLEY COURT  
CITY-ST-ZIP: PALM COAST, FL 32137

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

Date

Daytime Phone #

CR2E034 (9/99)