

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED

Jun 05, 2000 8:00 am
Secretary of State

05-11-2000 90309 014 ***150.00

DOCUMENT # P99000054604

1. Entity Name

LIL' PIPSQUEAKS, INC.

Principal Place of Business

128 HAVERHILL DRIVE
PONTE VEDRA FL 32082

Mailing Address

128 HAVERHILL DRIVE
PONTE VEDRA FL 32082-3966

2. Principal Place of Business

4170 S. 3RD ST.

Suite, Apt. #, etc.

3. Mailing Address

4170 S. 3RD ST.

Suite, Apt. #, etc.

City & State

JACKSONVILLE BEACH FL

Zip

32250

Country

USA

City & State

JACKSONVILLE BEACH, FL

Zip

32250

Country

USA

4. FEI Number

59-3582531

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name TRACY FROMME

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

128 HAVERHILL DR.

PONTE VEDRA

FL

Zip Code 32082

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 Fromme

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5-29-00

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 PSTD
NAME FROMME, TRACY H
STREET ADDRESS 128 HAVERHILL DRIVE
CITY-ST-ZIP PONTE VEDRA FL 32082

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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TITLE
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STREET ADDRESS
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)(f), 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:

Fromme

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2000 904 241 0605

Date

Daytime Phone #

CR2E034 (9/99)