

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079437

Entity Name
LITTLE CHURCH, INC.

FILED
May 12, 2000 8:00 am
Secretary of State
05-12-2000 90044 017 ***150.00

Principal Place of Business	Mailing Address
S.E. 40 STREET,STE.C CORAL FL 33904	1505 S.E. 40 STREET,STE.C CAPE CORAL FL 33904-7913

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0945900	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
PD LUTZENKIRCHEN, PETER 1505 S.E. 40 STREET,STE.C CAPE CORAL FL 33904 Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>
STD LUTZENKIRCHEN, SIEGRIED 1505 S.E. 40 STREET,STE.C CAPE CORAL FL 33904 Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP LUTZENKIRCHEN, SIEGRIED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/>
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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] President Date: 24, Febr., 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)