## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P9900080549 1. Entity Name

R.D. LITTLE & ASSOCIATES, INC.

## **FILED** May 24, 2000 8:00 am Secretary of State

05-24-2000 90094 028 \*\*\*150.00

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Principal Place of Business	Mailing Address		ĺ				
934 LOWRY AVE LAKELAND FL 33801	934 LOWRY AVE LAKELAND FL 33801-7517						
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<u> </u>	10 Martine Antonno	<del></del>	4				
2. Principal Place of Business 1421 Commercial Conference Conferen	3. Mailing Address	nercial las	CKD	<u>. 1002/1001 128 /02/0 10/11 00/11 00/11</u>	<b>ar</b> ini <b>aana</b> t ibii	ii <b>aala</b> i <b>a</b> hhi bi	#1 <b>8</b> (8)) (88)
Suite, Apt. #, etc.	Suite, Apt. #, etc.		7	DO NOT WRIT	E IN THIS S	PACE	
Sorte3	50ite3		<u> </u>				
LAKCIAND, FL	LAKE WAS	, FL	4. FEI	Number 359 789	1	No	optied For ot Applicable
Zip Country (-), CA	33801	Country -U S-A	<b>5</b> . Cet	rtificate of Status Desired		<b>\$8.75</b> Add Fee Require	
6. Name and Address of Current	Registered Agent	<u> </u>	7. Nai	me and Address of New R	egistered A	gent	
		Name					
LITTLE, RANDY D	Street Address	Street Address (P.O. Box Number is Not Acceptable)					
934 LOWRY AVE LAKELAND FL 33801		<del></del>		<del></del>			
DAILEDAND I E 00001		\ <u></u>				17.0	
		City			FL	Zip Cod	e
8. The above named entity submits his statement	the purpose of changing its regi	stered office or registe	ered ageni	t, or both, in the State of Flo	rida.		
$\mathcal{C}_{\mathcal{C}}}}}}}}}}$	((n))			E,	1/2/	200	,
SIGNATURE Signature, typed or printer name of registered agent	and title if applicable. (NOTE: Reg	istered Agent signature require	ed when reinsl	tating)	DATE	<u> </u>	<del>'</del>
9. This corporation is eligible to satisfy its Intangible  Fax filing requirement and elects to do so.  FILE NOW!!! FEE  After MAY 1, 2000 Fee			ł	10. Election Campaign Fir		\$5.0	0 May Be
(See criteria on back)	Make Check Payable to	,	ate	Trust Fund Contributio	n	Added	d to Fees
11. OFFICERS AND	DIRECTORS	12.	ADDI	TIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE RICS: JON'T	☐ Delete	TITLE				☐ Change	☐ Addition
NAME GANDYD, LINE	e	NAME CIRCLE ADDRESS					
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CITY-ST-ZIP  13. I hereby certify that the information supplied with		CITY-ST-ZIP					