## **2002 UNIFORM BUSINESS REPORT (UBR)**

**SIGNATURE:** 

DOCUMENT # P99000091339  1. Entity Name  B. LITTLE CONSTRUCTION & MAINTENANCE, INC.				Secretary ( 03-03-2002 90075 0	of State	
Principal Place of Business  545 PHOENICIA AVENUE  BARTOW FL 33830  Mailing Address  545 PHOENICIA AVENUE  BARTOW FL 33830  BARTOW FL 33830				8003543		
2. Principal Place of Business 1357 Scottsland OK			cottslano Dr.	DO NOT WRITE IN THIS		
City & State La Ko		City & State Lake Ino	FI	4. FEI Number 59-3604308	Applied For Not Applicable	
Zip 3 <i>381</i>	Country USA	<sup>Zip</sup> 33813	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
-30	6. Name and Address of Current Re			7. Name and Address of New Registered		
· · ·	ENNIFER C ENICIA AVENUE FL 33830		Name Street Address	Name  Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code	
SIGNATURE .  9. This corporate filing is	named entity submits this statement for the statement and contains a statement and statement and elects to do so.	FILE NOW!!! After May 1, 2002	egistered Agent signature required FEE IS \$150.00 Fee will be \$550.00	d when reinstating)  DATE  10. Election Campaign Financing  Trust Fund Contribution.	\$5.00 May Be Added to Fees	
(See criter	- sam san	Make Check Payable	to Department of Sta	ADDITIONS/CHANGES TO OFFICERS AND	D DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LITTLE, JENNIFER C 545 PHOENICIA AVENUE BARTOW FL 33830	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD LITTLE, BRANDON 545 PHOENICIA AVENUE BARTOW FL 33830	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LITTLE, JOHN 5210 DEESON POINT BLVD LAKELAND FL 33805	. ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Change ☐ Addition	
indicated of the cor	on this report or supplemental report is tr	ue and accurate and that my ered to execute this report as	signature shall have the	ection 119.07(3)(i), Florida Statutes. I further ce same legal effect as if made under oath; that I 7, Florida Statutes; and that my name appears	am an officer or director 1	