

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093941

1. Entity Name

LITTLE STREETERS CAFE, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90090 042 ***150.00

Principal Place of Business Mailing Address
 3617 CROWN POINT RD. SUITE #4 3617 CROWN POINT RD. SUITE #4
 JACKSONVILLE FL 32257 JACKSONVILLE FL 32257-9010

2. Principal Place of Business 3. Mailing Address
 3617 Crown Point Rd. P.O. Box 24668
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 SUITE #1

City & State City & State
 Jacksonville FL Jacksonville FL
 Zip Country Zip Country
 32257 USA 32241 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-3593611 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, MEREDITH A
 3617 CROWN POINT RD, SUITE #4
 JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Numbers Not Acceptable)
 3617 Crown Point Rd.
 SUITE #1
 City State Zip Code
 Jacksonville FL 32257

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 M. A. Hernandez 3/31/00
 Signature, typed or printed name of registered agent and title if applicable. DATE
 (NOTE: Registered Agent signature required when reinstating)

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	PD	<input type="checkbox"/> Delete
NAME	RAY, RITA S	
STREET ADDRESS	P O BOX 24668	
CITY-ST-ZIP	JACKSONVILLE FL 32241-4668	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LITTLETON, FRANCES D	
STREET ADDRESS	P O BOX 24668	
CITY-ST-ZIP	JACKSONVILLE FL 32241-4668	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LITTLETON, EDDIE J	
STREET ADDRESS	P O BOX 24668	
CITY-ST-ZIP	JACKSONVILLE FL 32241-4668	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Rita S Ray 4/26/00 904-288-8999
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)