

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V20167

1. Entity Name

LITTLE DUCK, INC.

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90396 047 ***150.00

0048893

Principal Place of Business

362 COMMERCE WAY
STE 116
LONGWOOD FL 32750
US

Mailing Address

362 COMMERCE WAY
STE 116
LONGWOOD FL 32750
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3111789

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DULIN, RAMSEY W
201 S ORANGE AVE
STE 1090
ORLANDO FL 32801

Name

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

201 E. PINE ST
SUITE 425

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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 D
NAME SCHIANO, BIAGIO ☐ Delete
STREET ADDRESS 872 CRESTON DR
CITY-ST-ZIP MAITLAND FL 32751

TITLE PVST
NAME LEHMAN, KEITH ☒ Delete
STREET ADDRESS 502 RIVIERA DR
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE AS
NAME MELVIN, SALLI A. ☒ Delete
STREET ADDRESS 1700 SMOKETREE CIRCLE
CITY-ST-ZIP APOPKA FL 32712

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SECRETARY ☐ Change ☒ Addition
NAME CATHERINE I. KASHIUS
STREET ADDRESS 2521 EKANA DR.
CITY-ST-ZIP OVIEDO, FL 32765

TITLE TREASURER ☐ Change ☒ Addition
NAME CELINA P. ROE
STREET ADDRESS 1202 BENT OAK TRAIL
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/01 (407) 830-5338
Date Daytime Phone #

CR2E034 (10/00)