

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91243 041 ***150.00

DOCUMENT # V66200

1. Entity Name

LITTLE WHEELS GOLF CARTS, INC.

Principal Place of Business

**3543 MORIS BRIDGE ROAD
 ZEPHYRHILLS FL 33543
 US**

Mailing Address

**3543 MORIS BRIDGE ROAD
 ZEPHYRHILLS FL 33543
 US**

551610



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3543 Morris Bridge Rd

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Zephyrhills, FL

City & State

Zip

Country

33543

Pasco

Zip

Country

4. FEI Number

59-315-6289

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

**MURPHY, DAVID J.
 103 NORTH 3RD ST.
 DADE CITY FL 33525**

Name

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **GILLIAM, LINDA**
 STREET ADDRESS **3545 Morris Bridge Rd**
 CITY-ST-ZIP **33525 2ND AVE. ZEPHYRHILLS FL 33543**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 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:

Linda L. Gilliam Linda L. Gilliam

05-01-01

813-788-6492

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)