2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P94000035388** Mar 06, 2000 8:00 am 1. Entity Name Secretary of State CIRCLE M ENTERPRISES, INC. 03-06-2000 90039 018 ***150.00 Mailing Address Principal Place of Business 703 OVERHILL DRIVE 703 OVERHILL DRIVE BRANDON FL 33511-6919 BRANDON FL 33511 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number City & State 65-0486760 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MASSENGILL, SUSAN J Street Address (P.O. Box Number is Not Acceptable) 703 OVERHILL DRIVE BRANDON FL 33511 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITLE ☐ Delete TITLE Change NAME MASSENGILL, SUSAN J NAME STREET ADDRESS STREET ADDRESS 703 OVERHILL DRIVE CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL 33511** Change ☐ Addition Delete TITLE MASSENGILL, E E NAME NAME 703 OVERHILL DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7)P BRANDON FL 33511 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 of 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.

SUSANT. MASSENGIL

SIGNATURE:

Date

3-1-00