## CR2E034 (9/99)

## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 21, 2000 8:00 am Secretary of State DOCUMENT # P99000045122 1. Entity Name B & P CATTLE COMPANY 03-21-2000 90035 002 \*\*\*150.00 Mailing Address Principal Place of Business 2719 TEMPLE ST. 2719 TEMPLE ST. SARASOTA FL 34239-2633 SARASOTA FL 34239 3. Malling Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0922859 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALKER, ADRON H Street Address (P.O. Box Number is Not Acceptable) 3119 MANATEE AVE., WEST **BRADENTON FL 34205** Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 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. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITL F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITI F ☐ Delete NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS uahhacity, Fl. 34251 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition

Mychhe Csty 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

TITLE NAME

TITLE NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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