

DOCUMENT # 247796

1. Entity Name

CIRCLE DOT RANCH INC

Principal Place of Business

1081 BROWNING RD  
LITHIA FL 33547  
US

Mailing Address

10811 BROWNING RD  
LITHIA FL 33547  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**FILED**  
**Jan 09, 2001 8:00 am**  
**Secretary of State**

01-09-2001 90009 038 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-0921479**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MASSARO, ANGELO  
10811 BROWNING ROAD  
LITHIA FL 33547

7. Name and Address of New Registered Agent

Name

**Louis Massaro**

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

**10811 Browning Road**

**Lithia, Florida 33547**

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

*Louis B Massaro*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-5-2001**

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	<b>PPB</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MASSARO, ANGELO</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>10811 BROWNING RD</b>	
CITY-ST-ZIP	<b>LITHIA FL 33547</b>	
TITLE	<b>SBX</b>	<input type="checkbox"/> Delete
NAME	<b>MASSARO, LOUIS B.</b>	
STREET ADDRESS	<b>10705 BROWNING RD</b>	
CITY-ST-ZIP	<b>LITHIA FL</b>	
TITLE	<b>PPB</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MASSARO, PAUL M</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>10811 BROWNING RD</b>	
CITY-ST-ZIP	<b>LITHIA FL 33547</b>	
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	<b>PPB</b>	<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
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:

*Louis B Massaro*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-5-2001**

CR2E034 (10/00)