

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 557897

1. Entity Name
THE 2-P CATTLE COMPANY

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90216 041 ***150.00

Principal Place of Business
4144 WEST MAIN STREET
WAUCHULA FL 33873
US

Mailing Address
P O BOX 907
WAUCHULA FL 33873
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1801901

Applied For
Not Applicable

Zip

Country

Zip

Country

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

BOSWELL, C.A. JR.
190 E DAVIDSON ST
BARTOW FL

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	D	<input type="checkbox"/> Delete
NAME	ROTH, JOHN	
STREET ADDRESS	6202 MILES FARM ROAD	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	PDT	<input type="checkbox"/> Delete
NAME	MOORE, DIANE L.	
STREET ADDRESS	628 E. BAY ST.	
CITY-ST-ZIP	WAUCHULA FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	ROTH, CLARICE L.	
STREET ADDRESS	6202 MILES FARM ROAD	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, KENNETH I	
STREET ADDRESS	628 EAST BAY STREET	
CITY-ST-ZIP	WAUCHULA FL	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Diane Polk Moore, Diane Polk Moore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01
Date

863-735-8893
Daytime Phone #

CR2E034 (10/00)