

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90317 012 ***150.00

DOCUMENT # 557897

1. Entity Name
THE 2-P CATTLE COMPANY

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, 2002 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** ☐ Delete
 NAME **ROTH, JOHN**
 STREET ADDRESS **6202 MILES FARM ROAD**
 CITY-ST-ZIP **PLANT CITY FL**

TITLE ☒ Change ☐ Addition
 NAME **2501 Lake Buffum Rd East**
 STREET ADDRESS **Ft Meade, FL 33841**
 CITY-ST-ZIP

TITLE **PDT** ☐ Delete
 NAME **MOORE, DIANE L.**
 STREET ADDRESS **628 E. BAY ST.**
 CITY-ST-ZIP **WAUCHULA FL**

TITLE ☒ Change ☐ Addition
 NAME **4144 West Main Street**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VSD** ☐ Delete
 NAME **ROTH, CLARICE L.**
 STREET ADDRESS **6202 MILES FARM ROAD**
 CITY-ST-ZIP **PLANT CITY FL**

TITLE ☒ Change ☐ Addition
 NAME **2501 Lake Buffum Rd East**
 STREET ADDRESS **Ft Meade, FL 33841**
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **MOORE, KENNETH I**
 STREET ADDRESS **628 EAST BAY STREET**
 CITY-ST-ZIP **WAUCHULA FL**

TITLE ☒ Change ☐ Addition
 NAME **4144 West Main Street**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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, Treasurer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/22/02

Daytime Phone #

863-735-893

CR2E034 (9/01)