

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90127 047 ***150.00

DOCUMENT # 642321

1. Entity Name
FORT LONESOME CATTLE COMPANY, INC.

Principal Place of Business

**CR 212 MADISON
 RT 3 BOX 2168
 MADISON FL 32340
 US**

Mailing Address

**CR 212 MADISON
 RT 3 BOX 2168
 MADISON FL 32340
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

CR 212 Madison

3. Mailing Address

CR 212 Madison

Suite, Apt. #, etc.

RT. 4. Box 2072

Suite, Apt. #, etc.

RT. 4. Box 2072

City & State

Madison, FL.

City & State

Madison, FL.

4. FEI Number

59-1947126

Applied For

Not Applicable

Zip

32340

Country

US

Zip

32340

Country

U.S.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HARRISON, MURRAY W
 C.R. 212 MADISON
 RT 3 BOX 2168
 MADISON FL 32340**

7. Name and Address of New Registered Agent

Name *Harrison, Murray W. (Agent)*

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

C.R. 212 Madison

RT. 4. Box 2072

City

Madison

FL

Zip Code

32340

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/02

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	HARRISON, MURRAY W	
STREET ADDRESS	RT 3 BOX 2168	
CITY-ST-ZIP	MADISON FL	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	HARRISON, ANN R	
STREET ADDRESS	RT 3 BOX 2168	
CITY-ST-ZIP	MADISON 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"/> 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	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, MURRAY W.	
STREET ADDRESS	RT. 4. Box 2072	
CITY-ST-ZIP	Madison, FL. 32340	
TITLE	DVS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, ANN R.	
STREET ADDRESS	RT. 4. Box 2072	
CITY-ST-ZIP	Madison, FL. 32340	
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		
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/02 (2291-859-2004)

CR2E034 (9/01)