FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2005 8:00 am
Secretary of State
05-18-2005 90024 014 ***158.75

DOCUMENT # F94000006526

1. Entity Name
Circle MC Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
38102 Sunset Ave		38102 Sunset Ave	
Suite, Apt. #, etc		Suite, Apt. #, etc.	
City & State: Dade City Fl.		City & State: Dade City Fl.	
Zip: 33525	Country: Pasco	Zip: 33525	Country: Pasco

DO NOT WRITE IN THIS SPACE

4. FEI Number

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Fay Mc Kean
Street Address (P.O. Box Number is Not Acceptable): 38102 Sunset Ave
City: Dade City FL Zip: 33525

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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE [signature] 4/30/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

[illegible] $150.00 [illegible] Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P.	TITLE	
NAME	John Mc Kean	NAME	
STREET ADDRESS	38102 Sunset Ave	STREET ADDRESS	
CITY-ST-ZIP	Dade City Fl. 33525	CITY-ST-ZIP	
TITLE	VPTS	TITLE	
NAME	Fay Mc Kean	NAME	
STREET ADDRESS	38102 Sunset Ave	STREET ADDRESS	
CITY-ST-ZIP	Dade City Fl. 33525	CITY-ST-ZIP	
TITLE		TITLE	
NAME	Christine Ellis	NAME	
STREET ADDRESS	13990 SE 120 St	STREET ADDRESS	
CITY-ST-ZIP	Dunnellon Fl. 34431	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)[illegible] Florida Statutes. [illegible] 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; [illegible] of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that [illegible] attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/30/05 352 567-2185 352 467-0209 cell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR