

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Aug 18, 2002 8:00 am
Secretary of State

08-18-2002 90131 037 ***550.00

DOCUMENT # F95000005521**1. Entity Name**
CIRCLE B ENTERPRISES, INC.**Principal Place of Business****731 N. MAIN ST.**
SIKESTONE MO 63801**Mailing Address****731 N. MAIN ST.**
SIKESTONE MO 63801**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**43-1236566**

Applied For

Not Applicable

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****C T CORPORATION SYSTEM**
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.**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 \$550.00**
After September 13, 2002 Fee will be \$750.00
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** **PTD** ☒ Delete
NAME **BEDELL, DON C**
STREET ADDRESS **118 W. NORTH ST.**
CITY-ST-ZIP **SIKESTONE MO 63801****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **V** ☐ Delete
NAME **BEDELL, DONALD B**
STREET ADDRESS **123 GREENBRIER**
CITY-ST-ZIP **SIKESTONE MO 63801****TITLE** **P/D** ☒ Change ☐ Addition
NAME **Donald B. Bedell**
STREET ADDRESS **123 Greenbrier**
CITY-ST-ZIP **Sikeston, MO. 63801****TITLE** **S** ☐ Delete
NAME **BARNES, JUDITH A**
STREET ADDRESS **RT 1 BOX 152**
CITY-ST-ZIP **CHARLESTON MO 63834****TITLE** **S** ☒ Change ☐ Addition
NAME **Judith A. Barnes**
STREET ADDRESS **2237 W. 408th Road**
CITY-ST-ZIP **Charleston, MO. 63834****TITLE** **VP** ☐ Delete
NAME **LONNIE, HASTY G CPA**
STREET ADDRESS **731 N MAIN ST**
CITY-ST-ZIP **SIKESTON MO****TITLE** **Treasurer** ☒ Change ☐ Addition
NAME **Lonnie G. Hasty, CPA**
STREET ADDRESS **731 North Main St.**
CITY-ST-ZIP **Sikeston, MO. 63801****TITLE** **VP** ☐ Delete
NAME **BEDELL, BRYAN R**
STREET ADDRESS **123 FOUST**
CITY-ST-ZIP **SIKESTON MO 63801****TITLE** **VP/D** ☒ Change ☐ Addition
NAME **Bryan R. Bedell**
STREET ADDRESS **123 Foust**
CITY-ST-ZIP **Sikeston, MO. 63801****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:****SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

CR2E034 (4/02)