

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90207 016 ***150.00

DOCUMENT # J96424

1. Entity Name
THE R.M. CATTLE RANCH, INC.



Principal Place of Business
% RICHARD MULHOLLAND
101 E. KENNEDY BLVD #3900
TAMPA FL 33602

Mailing Address
% RICHARD MULHOLLAND
101 E. KENNEDY BLVD #3900
TAMPA FL 33602



2. Principal Place of Business
%Richard Mulholland
Suite, Apt. #, etc.
3165 Lake Ellen Drive

3. Mailing Address
%Richard Mulholland
Suite, Apt. #, etc.
3165 Lake Ellen Drive

☒ CHECK HERE IF MAKING CHANGES

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number **59-2850765**

Applied For
Not Applicable

Zip
33618

Country

Zip
33618

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

~~MULHOLLAND, RICHARD~~
~~101 E. KENNEDY BLVD.~~
~~#3900~~
~~TAMPA FL 33602~~

Name
Mulholland, Richard
Street Address (P.O. Box Number is Not Acceptable)
3165 Lake Ellen Drive

City **Tampa** FL Zip Code **33618**

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 *Richard Mulholland*

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

(NOTE: Registered Agent signature required when reinstating)

DATE **2-7-2003**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **MULHOLLAND, RICHARD**
STREET ADDRESS **101 E. KENNEDY BLVD**
CITY-ST-ZIP **TAMPA FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard Mulholland*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-224-0125 **2-7-2003**

Date Daytime Phone #

CR2E034 (10/02)