2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

L02232 DOCUMENT

1. Entity Name

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FILED Feb 18, 2003 8:00 am Secretary of State 02-18-2003 90111 013 ***150.00

LOXAHATCHEE CATTLE, INC.							
Principal Place 7150 S.W. K./ INDIANTOWN		7150	Mailing Address 7150 S.W. KANNER HWY. INDIANTOWN FL 34956				
2. Principal F	Place of Business	3. Ma	ling Address			İ	
Suite, Apt	. #, etc.	Suit	e, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & Sta	te ;	City	& State		4. FEI Number 65-0133348 Applied For Net Applied For	\Box	
Zip	Country	Zip		Country	5. Certificate of Status Desired S8.75 Additional Fee Required	le	
	6. Name and Addres	s of Current Register	ed Agent	<u> </u>	7. Name and Address of New Registered Agent	\dashv	
				Name		ヿ	
	lifford f Jr. /. Kanner Hwy.			Street Address	ess (P.O. Box Number is Not Acceptable)	-	
1	WN FL 34956					\dashv	
				City	FL Zip Code	\dashv	
8. The above the obligat	e named entity submits this tions of registered agent.	statement for the purp	ose of changing its	registered office or registe	gistered agent, or both, in the State of Florida. I am familiar with, and accep		
SIGNATURE	Signature, typed or printed riame of	registered agent and title if app	licable. (NOT	E: Registered Agent signature require	equired when reinstating) DATE		
Afte	ILE NOW!!! FEE IS \$ r May 1, 2003 Fee will be k Payable to Florida De	e \$550.00			9. Election Campaign Financing Trust Fund Contribution. Added to Fees		
10.	_	ICERS AND DIRECTO	ne	1 11.	ADDITIONS (QUANCES TO OFFICE DATE OF THE OFFICE DAT	_	
TITLE	PD	ICENS AND DIRECTO	□ Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	<u> </u>	
NAME STREET ADDRESS CITY-ST-ZIP	BURG, CLIFFORD F J 7150 S.W. KANNER H INDIANTOWN FL 3495	WY.	Delete	NAME STREET ADDRESS CITY-ST-ZIP	_ Change ☐ Adumo	- 000	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Additio		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition .	t	
TITLE NAME STREET ADORESS CITY-ST-ZIP			Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	 	
12. I hereby of indicated of the corp changed,	ertify that the information s on this report or suppleme coration or the receiver or t or on an attachment with a	upplied with this filing ontal report is true and a rusteet ampowered to read the state of the s	does not qualify for courate and that m execute this report a or like impowered.	the exemption stated in Si ny signature stall have the as required by Chapter 60	n Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if	-	

SIGNATURE:

2/5/2003

772-287-2111

Daytime Phone #