2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

LAKELAND FL 33807

Suite, Apt. #, etc.

3. Mailing Address

City & State

Zip

DOCUMENT #

M71860

1. Entity Name TEE CATTLE, INC.

Principal Place of Business % MURRAY EDWARDS

2. Principal Place of Business

EDWARDS, MURRAY

Country

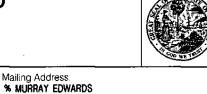
6. Name and Address of Current Registered Agent

Suite, Apt. #, etc.

City & State

Zip

BOX 6068 LAKELAND FL 33807



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91409 022 ***150.00

CHECK HERE IF	MAKING CHAN	NGES
4. FEI Number 59-2901134		Applied For
39 2901134	ſ	Not Applicable
5. Certificate of Status Desired	□ \$8.7	5 Additional equired
		
7. Name and Address of New Reg		

166 OAK SQ S LAKELAND FL 33813			Street	Street Address (P.O. Box Number is Not Acceptable)				
	<u>!</u>		City	FL zi	p Code			
	ations of registered agent,	. ∤ _ * · · · · <u>_ </u>	- سامدین	or registered agent, or both, in the State of Florida. I am familia	r with, and accept			
Afte	FILE NOW!!! FEE IS \$150.00 er May 1, 2003 Fee will be \$550.00 ck Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECTORS	<u> </u>	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 11			
TITLE NAME	DP EDWARDS, MURRAY	Delete	TITLE NAME		hange Addition			

Country

Name

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EDWARDS, MURRAY 166 OAK SQ S LAKELAND FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV EDWARDS, PATRICIA 166 OAK SQ S LAKELAND FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President - Director Edwards PATRICIA 166 OHK SQUARE South LARELAND Fl. 338/3	⊠ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	The field of the second se	Change	☐ Addition 1
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition

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 of 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:

PATRICIA S.Edwarts 4-24-03