


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 11, 2003 8:00 am
Secretary of State

02-27-2003 90132 004 ***61.25

DOCUMENT # N02000003559

1. Entity Name
THE SIRCLE INC.



Principal Place of Business
**6312 SE 41ST CT
OCALA FL 34480**

Mailing Address
**6312 SE 41ST CT
OCALA FL 34480**

2. Principal Place of Business
6312 SE 41ST CT

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
OCALA, FL

City & State

Zip
34480

Country
US

Zip
Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SAMUEL LARMONICA
6312 SE 41ST CT
OCALA FL 34480

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SAMUEL LARMONICA D	
STREET ADDRESS	6312 SE 41ST CT	P.O. Box 38
CITY-ST-ZIP	OCALA FL 34480	OCALA, FL 34478
TITLE	V	<input type="checkbox"/> Delete
NAME	WATERS, LUZONIA D	
STREET ADDRESS	1367 NW 52ND CT RD	1601 NE 25th Ave
CITY-ST-ZIP	REDDICK FL 32686	OCALA, FL 34470
TITLE	S	<input type="checkbox"/> Delete
NAME	DUNN, KISHA D	
STREET ADDRESS	3895 SE 61ST PL	P.O. Box 490
CITY-ST-ZIP	OCALA FL 34480	OCALA, FL 34478
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GRANT, VIRGINIA	
STREET ADDRESS	PO BOX 2422	
CITY-ST-ZIP	OCALA FL 34478	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brian Dempsey D	
STREET ADDRESS	3360 SE 62nd St.	498 Oak Rd
CITY-ST-ZIP	OCALA, FL 34480	OCALA, FL 34472
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 617, 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: Samuel Larmonica / **SAMUEL LARMONICA Samuel** **2/25/03** **(352) 629-8389**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)