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Secretary of State
05-02-2003 90424 001 ***150.00

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000012825

1. Entity Name
CIRCLE W. CATTLE COMPANY, INC.

Principal Place of Business
6800 S. FORK RANCH RD.
CLERMONT, FL 34711 US

Mailing Address
8061 W. MCNAB RD.
TAMARAC, FL 33321

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	8333 W McNab Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc. #127
City & State	City & State TAMARAC, FL
Zip / Country	Zip 33321 / Country USA

4. FEI Number 65-1072669 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WILLIS, DONNA
8061 W. MCNAB RD.
TAMARAC, FL 33321

7. Name and Address of New Registered Agent
Name: DONNA Willis
Street Address (P.O. Box Number Is Not Acceptable): 8333 W McNab Rd #127
City: TAMARAC FL Zip Code: 33321

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: Donna J Willis DONNA J. Willis President 4/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIS, DONNA 8061 W. MCNAB RD. TAMARAC, FL 33321 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition DONNA Willis, D 8333 W. McNAB Rd #127 TAMARAC, FL 33321
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: Donna J Willis 4/30/03 352-242-4614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DONNA J. Willis, President