

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

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

02-24-2003 90248 043 \*\*\*158.75

**DOCUMENT # P02000057085**

**1. Entity Name**  
**ELDORADO MINING & CATTLE, INC.**



**Principal Place of Business**  
**2320 NE 2ND STREET, SUITE 3A**  
**OCALA FL 34470**

**Mailing Address**  
**2320 NE 2ND STREET, SUITE 3A**  
**OCALA FL 34470**



**2. Principal Place of Business**  
**2613 NE 3RD STREET**  
**SUITE B**

**3. Mailing Address**  
**2613 NE 3RD STREET**  
**SUITE B**

☐ CHECK HERE IF MAKING CHANGES

**City & State**  
**OCALA, FL**  
**Zip**  
**34470**

**Country**  
**US**

**City & State**  
**OCALA, FL**  
**Zip**  
**34470**

**Country**  
**US**

**4. FEI Number**  
**46-0482300**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CRAWFORD, PATRICIA O**  
**2320 NE 2ND STREET, SUITE 3A**  
**OCALA FL 34470**

**7. Name and Address of New Registered Agent**

**Name**  
**JEFFERSON WALDEN**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**2613 NE 3RD STREET**  
**SUITE B**  
**City**  
**OCALA, FL**  
**Zip Code**  
**34470**

**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** **JEFFERSON WALDEN** **Jefferson Walden** **28 Jan 03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**D** ☐ Delete  
**NAME**  
**CRAWFORD, PATRICIA O**  
**STREET ADDRESS**  
**2320 NE 2ND STREET, SUITE 3A**  
**CITY-ST-ZIP**  
**OCALA FL 34470**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**CITY-ST-ZIP**

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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:** **PATRICIA O. CRAWFORD** **Patricia O. Crawford** **Jan 28, 03** **352-239-0682**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)