

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91585 026 ***158.75

DOCUMENT # P93000014676
1. Entity Name
CIRCLE K FARM, INC.

Principal Place of Business P.O. Box 130
Morrison, FL 32668
US
Mailing Address P.O. Box 130
Morrison, FL 32668-0130
US

2. Principal Place of Business Morrison, FL =
Suite, Apt. #, etc.
3. Mailing Address c/o TSE Industries, Inc.
4370 Apt. 112th Terrace North

City & State Clearwater FL
Zip 33762
Country US
4. FEI Number 59-3164098
5. Certificate of Status Desired XX **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Tottle, David J
4370 112th Terrace North
Clearwater FL 33762
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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Klingel, Robert R Sr		NAME		
STREET ADDRESS	4370 112th Terrace North		STREET ADDRESS		
CITY-ST-ZIP	Clearwater, FL 33762		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Klingel, Helen A		NAME		
STREET ADDRESS	P.O. Box		STREET ADDRESS		
CITY-ST-ZIP	Morrison, FL 32668		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tottle, David J		NAME		
STREET ADDRESS	4370 112th Terrace North		STREET ADDRESS		
CITY-ST-ZIP	Clearwater FL 33762		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David J. Tottle* **David J. Tottle** **4/25/01** **727-573-7676**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)