

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 10, 2001 08:00 AM**
Secretary of State**DOCUMENT # P94000084683**1. Entity Name
CIRCLE ONE INTERNATIONAL, INC.Principal Place of Business
16209 FLIGHT PATH DR
BROOKSVILLE FL 34609 USMailing Address
16209 FLIGHT PATH DR
BROOKSVILLE FL 34609 US2. Principal Place of Business
4548 COMMERCIAL WAY3. Mailing Address
4548 COMMERCIAL WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SPRING HILL FLCity & State
SPRING HILL FL4. FEI Number
59-3283573Applied For
Not ApplicableZip
34606Country
USZip
34606Country
US5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NIELSEN CHERYL
16209 FLIGHT PATH DR

BROOKSVILLE FL 34609 US

Name
NIELSEN CHERYLStreet Address (P.O. Box Number is Not Acceptable)
4548 COMMERCIAL WAYCity
SPRING HILL FL Zip Code
34606

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 _____ 01/10/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 P ☐ Delete
NAME NIELSEN CHERYL
STREET ADDRESS 16209 FLIGHT PATH DR
CITY-ST-ZIP BROOKSVILLE FL 34609TITLE P ☒ Change ☐ Addition
NAME NIELSEN CHERYL
STREET ADDRESS 4548 COMMERCIAL WAY
CITY-ST-ZIP SPRING HILL FL 34606TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Cheryl Nielsen

P

01/10/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)