

DOCUMENT # P95000082437

1. Entity Name

SUNCOAST CATTLE COMPANY, INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90184 011 ***150.00

Principal Place of Business

14180 CENTRALIA ROAD
BROOKSVILLE FL 34614

Mailing Address

14180 CENTRALIA ROAD
BROOKSVILLE FL 34614

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3347054

Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, SHELDON P ESQ
315 EAST MADISON STREET #920
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name Terrell B. Bounds

Street Address (P.O. Box Number is Not Acceptable)

14180 Centralia Rd.

City Brooksville

FL

Zip Code
34614

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

T. Bounds Terrell B. Bounds law.

DATE

1/08/01

9. 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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P			
	BOUNDS, TERRELL	14180 CENTRALIA ROAD	BROOKSVILLE FL 34614	
	S			
	BOUNDS, BEVERLY F	14180 CENTRALIA ROAD	BROOKSVILLE FL 34614	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/08/01 (352) 754 9277

Date

Daytime Phone

CR2E034 (10/00)