

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90096 026 ***150.00

DOCUMENT # P96000062210

1. Entity Name

S & S CATTLE COMPANY

Principal Place of Business

Mailing Address

COUNTY ROAD 304
 FL 32110

P.O. BOX 1998
 BUNNELL FL 32110-1998

2. Principal Place of Business

3. Mailing Address

160 CR 200, US Hwy 1
 Suite, Apt. #, etc.

Star Rt Box 112
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Favoretta, FL
 Zip
 32110

City & State
 Bunnell, FL
 Zip
 32110

4. FEI Number 59-3390719

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, TANCE E ESQ.
 303 E. MOODY BLVD.
 BUNNELL FL 32110

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.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	D	<input type="checkbox"/> Delete
NAME	STRICKLAND, MARCUS C III	
STREET ADDRESS	STAR RT BOX 112	
CITY-ST-ZIP	BUNNELL FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STRICKLAND, SHANNON S	
STREET ADDRESS	1771 CR 304	
CITY-ST-ZIP	BUNNELL FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STRICKLAND, STEPHEN	
STREET ADDRESS	6400 SOUTH US 1	
CITY-ST-ZIP	BUNNELL FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President, Vice President, Secretary + Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Marcus C Strickland III
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)