

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90112 015 ***150.00

DOCUMENT # P97000022209

1. Entity Name
CIRCLE C SERVICES, INC.



Principal Place of Business
**13390 SE SUNSET HARBOR RD
WEIRDALE FL 32195**

Mailing Address
**PO BOX 327
WEIRDALE FL 32195**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0740081**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. 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

**CORNER, MOLLY J
13390 SE SUNSET HARBOR RD
WEIRSDALE FL 32195**

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. I am familiar with, and accept the obligations of registered agent.

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

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **P COMER, CHRISTOPHER**
STREET ADDRESS **7913 289TH STREET EAST**
CITY-ST-ZIP **MYAKKA CITY FL 34251**

TITLE Change Addition
NAME **Comer Christopher**
STREET ADDRESS **13390 S.E. Sunset Harbor Rd**
CITY-ST-ZIP **Weirsdale, FL 32195**

TITLE Delete
NAME **S COMER, MOLLY**
STREET ADDRESS **7913 289TH STREET EAST**
CITY-ST-ZIP **MYAKKA CITY FL 34251**

TITLE Change Addition
NAME **S Comer molly**
STREET ADDRESS **13390 S.E. Sunset Harbor Rd**
CITY-ST-ZIP **Weirsdale, FL 32195**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
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TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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: Molly Comer **REQUIRE Molly Comer** 2/14/03 352267 2432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0203273 1A

CR2E034 (10/02)