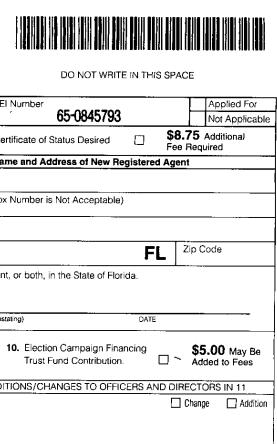
## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000048931 1. Entity Name MUSGRAVE CATTLE COMPANY

FILED Sep 25, 2002 8:00 am Secretary of State

09-25-2002 90123 036 \*\*\*550.00



Principal Place of Business Mailing Address 8500 RT 64 E 8500 RT 64 E BRADENTON FL 34202-9448 BRADENTON FL 34202-9448 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MUSGRAVE, ROGER L Street Address (P.O. Box Number is Not Acceptable) 8503 SR 64 EAST **BRADENTON FL 34202-9448** City 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) . This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 (See criteria on back) Make Check Payable to Department of State 11: OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete NAME NAME MUSGRAVE, ROGER L' STREET ADDRESS STREET ADDRESS 8500 EAST SR 64 CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34202-9448** TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME MUSGRAVE, CAROLYN F STREET ADDRESS STREET ADDRESS 8500 EAST SR 64 CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34202-9448 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

13. I hereby certify that the information supplied with this hing 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 encowered 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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 7

STREET ADDRESS

CITY-ST-ZIP

Mugrave SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>941</u>-746-3043