

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90031 014 ***150.00

DOCUMENT # P98000054860

1. Entity Name
CIREAL CORPORATION

Principal Place of Business

Mailing Address

**5720 CLARK ROAD
 SARASOTA FL 34233**

**5720 CLARK ROAD
 SARASOTA FL 34233-3302**

2. Principal Place of Business

3. Mailing Address

5961 Cattlemen Lane
 Suite, Apt. #, etc.

←→ SAME
 Suite, Apt. #, etc.

City & State

City & State

SARASOTA, FL

4. FEI Number **65-0867383**

Applied For
 Not Applicable

Zip **34232**

Country **USA**

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CIRONE, GARY
 5720 CLARK ROAD
 SARASOTA FL 34233**

7. Name and Address of New Registered Agent

Name **PATRICK A. NEAL**
 Street Address (P.O. Box Number is Not Acceptable)
5961 CATTELMEN LANE
 City **SARASOTA** FL Zip Code **34232**

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 **PATRICK A. NEAL, PRES** *Patrick A. Neal, pres.*
 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	CIRONE, GARY	
STREET ADDRESS	5720 CLARK ROAD	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEAL, PATRICK A	
STREET ADDRESS	5720 CLARK ROAD	
CITY-ST-ZIP	SARASOTA FL 34233	
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	PRES./D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEAL, PATRICK A	
STREET ADDRESS	SAME AS ABOVE	
CITY-ST-ZIP		
TITLE	V-PRES./D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARY CIRONE	
STREET ADDRESS	5961 CATTELMEN LANE	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE		<input 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
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patrick A. Neal, Pres.* **PATRICK A. NEAL** **PRESIDENT** **1/30/00** **379** **941-379 0061**
 Signature and typed or printed name of signing officer or director Date Daytime Phone