2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 26, 2000 8:00 am Secretary of State DOCUMENT # **P98000071670** 1. Entity Name BAR 710 CATTLE, INC. 01-26-2000 90010 044 ***150.00 Principal Place of Business Mailing Address 15349 COLLECTING CANAL ROAD 15349 COLLECTING CANAL ROAD LOXAHATCHEE FL 33470-4234 DUUUTAJA LOXAHATCHEE FL 33470 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE. City & State City & State Applied For 4. FEI Number 65-0858697 Not Assistant Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name OVERTON, LARRY Street Address (P.O. Box Number is Not Acceptable) 15349 COLLECTING CANAL ROAD LOXAHATCHEE FL 33470 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) _ FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible -10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete ☐ Change OVERTON, KAREN J NAME 14 15349 COLLECTING CANAL RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LOXAHATCHEE FL 33470 ☐ Change ☐ Addition TITLE ☐ Delete TITLE OVERTON, LARRY D NAME NAME 15349 COLLECTING CANAL RD STREET ADDRESS STREET ADDRESS CITY-ST-7IP LOXAHATCHEE FL 33470 CITY-ST-ZIP ☐ Delete TITI F Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE 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 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

13. I hereby certify that the information supplied with this filling 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 chapter 607, or an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Querten (President)

1-20-00

(561) 731-2152

Daytime Phone #