FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90748 001 *****8.75
05-05-2003 90748 002 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

55036860

DOCUMENT # P99000082954

1. Entity Name
UNION LAND & CATTLE COMPANY

Principal Place of Business
RT 2 BOX 713
LAKE BUTLER, FL 32054

Mailing Address
RT 2 BOX 713
LAKE BUTLER, FL 32054

2. Principal Place of Business: State Hwy 121
Suite, Apt. #, etc.
City & State: Worthington Spgs FL
Zip: 32697 Country: USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3623474 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CHASTAIN, M M
ROUTE 2 BOX 713
LAKE BUTLER, FL 32054

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

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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P CHASTAIN, M M RT 2 BOX 713 LAKE BUTLER, FL 32054	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BURGIN, CANDACE RT 2 BOX 713 LAKE BUTLER, FL 32054	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Smith, Candace 440 SE 2nd Ave Lake Butler FL 32054	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST CHASTAIN, JULIA R RT 2 BOX 713 LAKE BUTLER, FL 32054	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: M. M. Ch [signature] M.M. Chastain, Pres 4/26/2003 386 496 3420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #