

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 791071

FILED
Jan 06, 2003
Secretary of State

Entity Name: OCALA BREEDERS SALES COMPANY, INC.

Current Principal Place of Business:

1701 SW 60TH AVE
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 99
OCALA, FL 34478

New Mailing Address:

FEI Number: 59-1566113 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIOTA, THOMAS
1701 SW 60TH AVENUE
OCALA, FL 34474 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHIOTA, THOMAS A.,
Address: 820 NE 120TH PLACE
City-St-Zip: OCALA, FL 00000,

Title: STD () Delete
Name: O'FARRELL, MICHAEL J., JR
Address: 9500 NW 95TH ST
City-St-Zip: OCALA, FL

Title: VD () Delete
Name: MANGURIAN, HARRY T. J
Address: 5850 SW ST RD 200
City-St-Zip: OCALA, FL

Title: CD () Delete
Name: CASSE, NORMAN E,
Address: 14303 N MAGNOLIA AVE.
City-St-Zip: CITRA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: O'FARRELL, MICHAEL J., JR
Address: 2000 NW 95TH ST
City-St-Zip: OCALA, FL

Title: VD (X) Change () Addition
Name: MANGURIAN, HARRY T. J
Address: 2477 E. COMMERCIAL BLVD
City-St-Zip: FT. LAUDERDALE, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS A. CHIOTA

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01/06/2003

Electronic Signature of Signing Officer or Director

_____ Date