

**2000 UNIFORM BUSINESS REPORT (UBR)**

44/6/

**FILED**  
**Jun 14, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90046 025 \*\*\*150.00

**DOCUMENT # K90763**

1. Entity Name

LARIAT WESTERN STORE, INC.

*R*

Principal Place of Business

Mailing Address

P O BOX 1117  
 PERRY FL 32348  
 US

P O BOX 1117  
 PERRY FL 32348-1117  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2950114

Applied For  
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

BLUE, OVEIDA A  
 P O BOX 1117  
 PERRY, FL 32348

7. Name and Address of New Registered Agent

Name *Oveida Blue*  
 Street Address (P.O. Box Number is Not Acceptable)  
*4970 Hopkins Lane*  
*Perry, Fla*  
 City *Perry, Fla* State **FL** Zip Code *32347*

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

*Oveida Blue*

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

*6/8/00*  
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLUE, OVEIDA A 2003 HWY 19'S PERRY FL <i>P.O. Box 1117 Perry, Fla 32347</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BLUE, OVEIDA ANNE 2003 HWY 19'S PERRY FL <i>P.O. Box 1117 Perry, Fla 32347</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDSEY, DONNA M RT 21 BOX 3095 LAKE CITY FL 32024	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Blue Oveida A PO Box 1117 Perry, Fla 32348	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Blue Oveida Anne PO Box 1117 Perry, Fla 32348	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Phindsey Donna, m At 21 Box 3095 Lake City, Fla 32024	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Oveida A Blue*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-5-00*  
 Date

*850-584-4139*  
 Daytona Profile #

CR2E034 (9/99)