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2001 UNIFORM BUSINESS REPORT (UBR)

May 18, 2001 8:00 am Secretary of State **DOCUMENT # 380868** 5-18-2001 91549 046 ***150.00 SCUDDER'S CARRIAGE HOUSE, INC. Principal Place of Business Mailing Address 4645 E SILVER SPRGS BLVD OCALA, FL 32670 4645 E SILVER SPRGS BLVD OCALA. FL 32670 C0068255 P.O. BOX 246 P.O. BOX 246 SILVER SPRINGS FL 34489 SILVER SPRINGS FL 34489 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 59-1325702 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCUDDER, FRANK A Street Address (P.O. Box Number is Not Acceptable) 4645 E SILVER SPGS BLVD **OCALA FL 34470** Zip Code City 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, 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE TITLE Delete SCUDDER, FRANK A J NAME NAME STREET ADDRESS 4645 E SILVER SPGS BLVD STREET ADDRESS OCALA FL 34470 CITY-ST-ZIP CITY-ST-ZIP STD ☐ Delete ☐ Change ☐ Addition TITLE TITLE SCUDDER, JOAN S NAME NAME 4645 E SILVER SPGS BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL VPD TITLE Delete - Change ☐ Addition TITLE SCUDDER, LINDA G NAME 4645 E SILVER SPGS BLVD STREET ADDRESS STREET ADDRESS **OCALA FL 34470** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition **BUCKALEW, MARLENE S** 4645 E SILVER SPGS BLVD STREET ADDRESS STREET ADDRESS OCALA FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition SCUDDER, TODD S NAME 4645 E SILVER SPGS BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA FL CITY-ST-ZIP CEO TITLE ☐ Delete ☐ Addition SCUDDER, FRANK A NAME 4645 E SILVER SPRINGS BLVD STREET ADDRESS STREET ADDRESS OCALA FL 34470 CITY-ST-ZIP CITY-ST-ZIP

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 tiple 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 in Block 1

SIGNATURE

changed, or on an attachin

FICER OR DIRECTOR

accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Daytime Phone #