

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90086 026 \*\*\*150.00

0601160 AT

**DOCUMENT # 380868**

1. Entity Name

**SCUDDER'S CARRIAGE HOUSE, INC.**

Principal Place of Business

**4645 E SILVER SPRGS BLVD OCALA, FL 32670**  
**P.O. BOX 246**  
**SILVER SPRINGS FL 34489**  
**US**

Mailing Address

**4645 E SILVER SPRGS BLVD OCALA, FL 32670**  
**P.O. BOX 246**  
**SILVER SPRINGS FL 34489**  
**US**

803925



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-1325702**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SCUDDER, FRANK A**  
**4645 E SILVER SPGS BLVD**  
**OCALA FL 34470**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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	<b>PD</b> <b>SCUDDER, FRANK A J</b> <b>4645 E SILVER SPGS BLVD</b> <b>OCALA FL 34470</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>SCUDDER, JOAN S</b> <b>4645 E SILVER SPGS BLVD</b> <b>OCALA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>SCUDDER, LINDA G</b> <b>4645 E SILVER SPGS BLVD</b> <b>OCALA FL 34470</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BUCKALEW, MARLENE S</b> <b>4645 E SILVER SPGS BLVD</b> <b>OCALA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCUDDER, TODD S</b> <b>4645 E SILVER SPGS BLVD</b> <b>OCALA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO</b> <b>SCUDDER, FRANK A</b> <b>4645 E SILVER SPRINGS BLVD</b> <b>OCALA FL 34470</b>	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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)(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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Frank A Scudder Jr* 1/9/02 352-236-5211

CR2E034 (9/01)