

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90121 041 ***150.00

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1325702**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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. 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **352-236-5211** Daytime Phone #

CR2E034 (10/02)