TOM SCOTT QUARTER HORSES, INC.

695998

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90019 019 ***150.00

Principal Place of Business	Mailing Address
10424 NORTH C-475 WILDWOOD FL 34785 US	10424 NORTH C-475 WILDWOOD FL 34785 US

2. Principal Place of Business

Suite, Apt. #, etc

City & State

Zip | Country

3. Mailing Address: 2912 N. FLORIDA AVE

Suite, Apt. #, etc.

City & State: HERNANDO, FL

Zip: 34442 Country: CITRUS

4. FEI Number: 59-1854962 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCOTT, TOM R.
10424 N C-475
WILDWOOD FL 34785

7. Name and Address of New Registered Agent

Name: THOMAS R. SCOTT

Street Address (P.O. Box Number is Not Acceptable): 2912 N. FLORIDA AVE

City: HERNANDO FL Zip Code: 34442

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 5/1/00

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		
	PDV SCOTT, TOM R. 10424 NORTH C-475 WILDWOOD FL 34785	☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
	2912 N. FLORIDA AVE. HERNANDO, FL 34442	☒ Change ☐ Addition
		☐ Change ☐ Addition
		☐ Change ☐ Addition
		☐ Change ☐ Addition
		☐ Change ☐ Addition
		☐ Change ☐ 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 5/1/00 Date 352-637-5665 Daytime Phone #