

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90120 049 ***150.00

DOCUMENT # 695998

1. Entity Name
TOM SCOTT QUARTER HORSES, INC.



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

Mailing Address
**2912 N FLORIDA AVE
HERNANDO FL 34442
US**

2. Principal Place of Business

3. Mailing Address

10424 N C-475

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
WILDWOOD FL

4. FEI Number **59-1854962**

Applied For

Not Applicable

Zip

Country

Zip

Country

34785

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCOTT, THOMAS R
2912 N FLORIDA AVE
HERNANDO FL 34442**

Name

Street Address (P.O. Box Number is Not Acceptable)

10424 N. C-475

City

WILDWOOD

FL

Zip Code

34785

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDV
SCOTT, TOM R.
2912 N FLORIDA AVE
HERNANDO FL 34442**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**10424 N C-475
WILDWOOD FL 34785**

☒ Change ☐ Addition

TITLE
NAME
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☐ Change ☐ Addition

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

Daytime Phone #

4/15/03 (352) 637-5665

CR2E034 (10/02)