

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

Zip

Country

Zip
34785

Country

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, 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10424 N C-475 WILDWOOD FL 34785	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

Daytime Phone #

(352)

4/15/03

637-5665

CR2E034 (10/02)

2003
2003

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

04-17-2003 90120 049 ***150.00