

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90034 033 ***158.75

DOCUMENT # H95245

1. Entity Name

D & B HORSES, INC.

A0009818



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

P.O. BOX 6106
OCALA FL 34478
US

P.O. BOX 6106
OCALA FL 34478-6106
US

2. Principal Place of Business

3. Mailing Address

13150 SW 16 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OCALA, FL

Zip **34473**

Country **USA**

Zip

Country

4. FEI Number

59-2636141

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARGE, WILLIAM M JR.
12644 SW 16 AVE
OCALA FL 34470

Name

BARGE, WILLIAM M, JR.

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

13150 SW 16 AVENUE

City

OCALA

FL

Zip Code

34473

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

William M. Barge Jr.

(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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Delete
NAME **BARGE, WILLIAM M JR.**
STREET ADDRESS **P.O. BOX 6106**
CITY-ST-ZIP **OCALA FL 34478**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **BARGE, DIANE F**
STREET ADDRESS **P.O. BOX 6106**
CITY-ST-ZIP **OCALA FL 34478**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

William M. BARGE Jr. *W.M. Barge Jr.* *01/15/00* *(352) 347-0880*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #