## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # H95245 1. Entity Name D & B HORSES, INC.

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

01-22-2000 90034 033 \*\*\*158.75

of Busines	s	Mailing Address	Mailing Address							
8	P.O. BOX 6106 OCALA FL 34478-6106 US	OCALA FL 34478-6106			A0009818					
ace of Busin	ness /// AVE	3. Mailing Address	3. Mailing Address							
#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
LA,	City & State				Not Applicable					
<u></u>		Zip			_	5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name	and Address of Curre	nt Registered Agent		<del> </del>			s of New Reg	istered Agent		
BARGE, WILLIAM M JR. 12644 SW 16 AVE					Street Address (P.O. Box Number is Not Acceptable)					
A FL 3447	70				13/30 SW 16 AVENUE  City NOI P FL Zip Cod 4473					
					ALA	7		FL ( <sup>zip (</sup>	54425	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  FILE NOW!!! F After MAY 1, 2000 F				IS \$150.00 will be \$550.0	0	10. Election Ca	. •		5.00 May Be ded to Fees	
	OFFICERS AN	ID DIRECTORS	12.		AD	DITIONS/CHANG	ES TO OFFICE	ERS AND DIRECT	ORS IN 11	
P.O. BOX	6106	☐ Delete	NAM STRE	ET ADDRESS				☐ Chan	ge Addition	
P BARGE, I P.O. BOX	DIANE F 6106	☐ Delete	NAM STRE	E ET ADDRESS				☐ Chan	ge 🔲 Addition	
		☐ Delete	NAM STRE	E ET ADDRESS		. ~		Chan	ge Addition	
		☐ Delete	NAM STRE	E ET ADDRESS				☐ Chan	ge Addition	
		☐ Delete	NAM STRE	E Et address				☐ Chan	ge 🔲 Addition	
		☐ Delete	NAM STRE CITY	E Et address -St-zip						
	ace of Busin 5 / 5 / 6. Name  SE, WILLIA A FL 3447  named entit  Signature, typed ration is elig equirement a a on back)  VP  BARGE, V  P.O. BOX  OCALA F.  P  BARGE, L  P.O. BOX  OCALA F.	ace of Business  O SW / 6 PV E  #, etc.  Country  G. Name and Address of Curre  GE, WILLIAM M JR.  A SW 16 AVE  A FL 34470  Inamed entity submits this statement  Signature, typed or printed figure of registered agreement is eligible to satisfy its Intangill equirement and elects to do so.  a on back)  OFFICERS AN  VP  BARGE, WILLIAM M JR.  P.O. BOX 6106  OCALA FL 34478  P  BARGE, DIANE F  P.O. BOX 6106  OCALA FL 34478	Record Business  ace of Business  A Suite, Apt. #, etc.  City & State  Country  Coun	P.O. 80X 6106 OCALA FL 34478-6106 US  3. Mailing Address #, etc.  City & State  Country Signature, byped or printed name of registered agent and the if agriculture and back)  Signature, byped or printed name of registered agent and the if agriculture and back)  P.O. 80X 6106 OCALA FL 34478  Delete  TITLE NAM STRE CITY  Delete TITLE NAM STRE CITY  Delete TITLE NAM STRE CITY  Delete TITLE NAM STRE CITY  Delete TITLE NAM STRE CITY  Delete TITLE NAM STRE CITY  Delete TITLE NAM STRE CITY  Delete TITLE NAM STRE CITY  Delete TITLE NAM STRE CITY  Delete TITLE NAM STRE CITY  Delete TITLE NAM STRE CITY  Delete TITLE NAM STRE CITY  Delete TITLE NAM STRE CITY  Delete TITLE NAM STRE CITY  Delete TITLE NAM STRE CITY  Delete TITLE NAM STRE CITY  Delete TITLE NAM STRE CITY  Delete TITLE NAM STRE CITY  Delete TITLE NAM STRE CITY  Delete TITLE NAM STRE CITY  Delete TITLE NAM STRE CITY  Delete TITLE NAM STRE CITY  Delete TITLE NAM STRE CITY  Delete TITLE NAM STRE CITY  Delete	B. P.O. BOX 6106 CCALA FL 34478-6106 US  3. Mailing Address 3. Mailing Address 3. Wite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  Zip  Country  A SW 16 AVE A FL 34470  A FL 34470  City & State  City & State  City & State  Country  Name Street Address  A FL 34470  A FL 34470  FILE NOW!!! FEE IS \$150.00  After MAY 1, 2000 Fee will be \$550.00  Aft	B P.O. BOX 6106 OCALA FL 34478-6106 US  3. Mailing Address DSW/B RVE 3. Mailing Address City & State 4. F. City & State 4. F. City & State 5. Milliam M JR. A SW 16 AVE A FL 34470  City Country 5. City Country 5. City Country 5. City Country 5. City Country 6. Name and Address of Current Registered Agent 7. Name BRAGE A FL 34470  City Country 6. Name Brack Street Address (Po. B. City Country 6. Name Brack City Country 7. Name 7	P.O. BOX 6106 OCALA FL 34478-6106 US  3. Mailing Address 3. Suite. Apt. #. etc.  City & State Country Some and Address of Current Registered Agent 7. Name and Address SE WILLIAM M JR. 4 SW 16 AVE A FL 34470  A FL 34470  FILE NOW!!! FEE IS \$150.00 Alter MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Seatery its Intangible equipment and elects to do so.  OFFICERS AND DIRECTORS  VP BARGE, WILLIAM M JR. P.O. BOX 6106 OCALA FL 34478  Delete  TILE NAME STRET ADDRESS CITY ST-2P  Delete TILE NAME STRET ADDRESS CITY ST-2P  Delete TILE NAME STRET ADDRESS CITY ST-2P  Delete TILE NAME STRET ADDRESS CITY ST-2P  Delete TILE NAME STRET ADDRESS CITY ST-2P  Delete TILE NAME STRET ADDRESS CITY ST-2P  Delete TILE NAME STRET ADDRESS CITY ST-2P  Delete TILE NAME STRET ADDRESS CITY ST-2P  Delete TILE NAME STRET ADDRESS CITY ST-2P  Delete TILE NAME STRET ADDRESS CITY ST-2P  Delete TILE NAME STRET ADDRESS CITY ST-2P  Delete TILE NAME STRET ADDRESS CITY ST-2P  Delete TILE NAME STRET ADDRESS CITY ST-2P  Delete TILE NAME STRET ADDRESS CITY ST-2P  Delete TILE NAME STRET ADDRESS CITY ST-2P  Delete TILE NAME STRET ADDRESS CITY ST-2P  Delete TILE NAME STRET ADDRESS CITY ST-2P  Delete TILE NAME STRET ADDRESS CITY ST-2P  Delete TILE NAME STRET ADDRESS CITY ST-2P  Delete TILE NAME STRET ADDRESS CITY ST-2P  Delete TILE NAME STRET ADDRESS CITY ST-2P  Delete NAME STRET ADDRESS CITY ST-2P	Superior and elects to do so.    Application is eligible to satisfy its intangible equirement and elects to do so.   OFFICERS AND DIRECTORS   12.   ADDITIONS/GHANGES TO OFFICE P.O. BOX 6106   CCALA FI. 34478   Delete   Mare   Mare   Sirest Address   CriSt. 2P   Delete   Mare   Ma	ace of Business    Descriptions   Description   Descriptio	

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 IR WILL M BEIGH DILLS OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DILLS OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR