

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J69617

1. Entity Name

THOROUGHbred HARDWARE & FEED, INC.

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90080 033 ***158.75

Principal Place of Business

250 SE 135TH ST
OCALA FL 34475
US

Mailing Address

107 NE 1ST AVE.
OCALA FL 34470
US

00010613



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

250 SE HWY 484

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2847034

Applied For

Not Applicable

Zip

34480

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUCHALLA, MARLYN
250 SE 135TH STREET
OCALA FL 34480

7. Name and Address of New Registered Agent

Name

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

250 SE HWY 484

City

FL

Zip Code

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

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	BUCHALLA, MARLYN	
STREET ADDRESS	250 SE HWY 484	
CITY-ST-ZIP	OCALA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BUCHALLA, VANCE, SR	
STREET ADDRESS	250 S.E. HWY 484	
CITY-ST-ZIP	OCALA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	34480
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	34480
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Marlyn Buchalla*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marlyn Buchalla 1/08/01

Date

Daytime Phone #

CR2E034 (10/00)