

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000020289

1. Entity Name
HORSES CHOICE HAY CO.

Principal Place of Business Mailing Address
P O BOX 865 P O BOX 865
WILLISTON FL 32696 WILLISTON FL 32696

2. Principal Place of Business 3. Mailing Address

Suite/Apt./#; etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

TAFOYA, KEN
130 OCEAN BAY DR
KEY LARGO FL 33033

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
586 Boyd Dr
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]

(NOTE: Registered Agent signature required when reappointing)

3/29/01

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 NAME
D TAFOYA, KEN
STREET ADDRESS 130 OCEAN BAY DR
CITY-ST-ZIP KEY LARGO FL 33033

TITLE NAME
D ACOSTA, DAVID
STREET ADDRESS P O BOX 865
CITY-ST-ZIP WILLISTON FL 32696

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
STREET ADDRESS 586 Boyd Dr
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 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: X

[Signature]

Kenneth TAFOYA

3/28/01

Date

305-522-5643

Daytime Phone #

FILED
Aug 08, 2001 8:00 am
Secretary of State

07-12-2001 90120 042 ***150.00
08-08-2001 90002 013 ***400.00



DO NOT WRITE IN THIS SPACE

4. FEI Number
651022580

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CR2E034 (10/00)