

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91336 023 ***150.00

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

DOCUMENT # **PO0000020289** ✓

1. Entity Name

Horses Choice Hay Company, Inc

668728

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

3570 NE 167 CT

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Williston FL

City & State

4. FEI Number

651022580

Applied For

Not Applicable

Zip

32696

Country

LEVY-

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Kenneth J. TAFOYA

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

586 Boyd Dr

City

Key Largo

FL

Zip Code

33037

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 **Kenneth J. TAFOYA PRESIDENT**
NAME
STREET ADDRESS **586 Boyd Dr**
CITY - ST - ZIP **Key Largo FL 33037**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **VICE PRESIDENT**
NAME **DAVID ACOSTA**
STREET ADDRESS **3570 NE 167 CT**
CITY - ST - ZIP **WILLISTON FL 32696**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

352-529-0441

Daytime Phone #

CR2E034B (12/91)