2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P01000028636

1. Entity Name

D & T FARRIERS INC.



FILED Mar 17, 2003 8:00 am Secretary of State

03-17-2003 90688 043 ***150.00

			COO WE THE				
Principal Place of Business 8855 SW 40TH AVE. OCALA FL 34476 2. Principal Place of Business		Mailing Address 8855 SW 40TH AVE. OCALA FL 34476 3. Mailing Address					
				- 1 100 100 101 00 101 105 105 105 105 105 105 105 105 105 105 105 105 105			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State		-4. FEI Number - 65-	1093857	Applied For Not Applicable	
Zip Country		Zip Country		5. Certificate of Statu	s Desired	Additional	
		- Devised Sport		7. Name and Address of New Registered Agent			
	6. Name and Address of Cu	Irrent Registered Agent	Name				
SAWYERS, DAVID			Street Address		s (P.O. Box Number is Not Acceptable)		
8855 SW 4					<u> </u>		
OCALA FL	34476		City		FL Zip C	Code	
						ith and accept	
8. The above the obligation	named entity submits this staten ons of registered agent.	ment for the purpose of changing	its registered office or regi	stered agent, or both, in the	s diale of Florida. Familianias s		
SIGNATURE _	Signature, typed or printed name of registere	ed agent and title if applicable. (N	OTE: Registered Agent signature req	uired when reinstating)	, DATE ,	<u>. </u>	
	Signature, types or prince have a re-						
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FI After Make Check	LE NOW!!! FEE IS \$150.0 May 1, 2003 Fee will be \$55 Payable to Florida Departm	00 50.00 nent of State	I 11.	9. Election C	d Contribution.	lded to Fees	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-12-03

Daytime Phone #