

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90055 010 ***150.00

DOCUMENT # P02000071725

1. Entity Name
OLD WEST GONE SOUTH, INC.



Principal Place of Business
230 COUNTY ROAD 210
OXFORD, FL 34484

Mailing Address
230 COUNTY ROAD 210
OXFORD, FL 34484

2. Principal Place of Business
4462 CR 508

3. Mailing Address
4462 CR 508

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Wildwood, FL

City & State
Wildwood, FL

4. FEI Number
75-3049468

Applied For
Not Applicable

Zip
34785

Country
Sumter

Zip
34785

Country
Sumter

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICHEY, SHARON
3658 CR 513
WILDWOOD, FL 34785

Name

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

4462 CR 508

City Wildwood

FL

Zip Code 34785

B. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$650.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME RICHEY, SHARON
STREET ADDRESS 230 COUNTY ROAD 210
CITY-ST-ZIP OXFORD, FL 34484

TITLE PD ☒ Change ☐ Addition
NAME Sharon Richey
STREET ADDRESS 4462 CR 508
CITY-ST-ZIP Wildwood, FL 34785

TITLE STD ☐ Delete
NAME CLARK, BECKY J
STREET ADDRESS 572 GREEN MEADOW COURT
CITY-ST-ZIP MAITLAND, FL 32751

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 507, 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: **Becky J. Clark Sec/Treas** **3/26/03** **407-838-7106**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)