

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P27550

FILED  
Feb 04, 2003  
Secretary of State

Entity Name: ADOPT-A-HORSE, LTD., INC.

## Current Principal Place of Business:

7609 W. JOSEPHINE RD  
SEBRING, FL 33872

## New Principal Place of Business:

## Current Mailing Address:

7609 W. JOSEPHINE RD  
LAKE PLACID, FL 33852 US

## New Mailing Address:

FEI Number: 22-2954282

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PRICE DETORE, JUDY  
7609 W JOSEPHINE RD  
LAKE PLACID, FL 33852 US

## Name and Address of New Registered Agent:

PRICE, JUDY  
7609 W JOSEPHINE RD  
LAKE PLACID, FL 33852 US

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: JUDY SAGER PRICE

02/04/2003

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PDT ( ) Delete  
Name: PRICE DETORE, JUDY  
Address: 7609 WAST JOSEPHINE RD  
City-St-Zip: LAKE PLACID, FL 33852

Title: D ( ) Delete  
Name: JONES, DON MD  
Address: 1 CAPTAIN KIDD LANE  
City-St-Zip: WINTER HAVEN, FL 33880

Title: D ( ) Delete  
Name: WHITTAKER, HELEN  
Address: 132 PRADO CT  
City-St-Zip: SEBRING, FL 33870

Title: D (X) Delete  
Name: DETORE, CHUCK  
Address: 7609 WEST JOSEPHINE RD  
City-St-Zip: LAKE PLACID, FL 33852

Title: D ( ) Delete  
Name: PRICE, MYRTLE E  
Address: 324 ANGELL RD  
City-St-Zip: LINCOLN, RI 02865

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change ( ) Addition  
Name: PRICE, JUDY S  
Address: 7609 WAST JOSEPHINE RD  
City-St-Zip: LAKE PLACID, FL 33852

Title: D (X) Change ( ) Addition  
Name: JONES, DONALD MD  
Address: 1 CAPTAIN KIDD LANE  
City-St-Zip: WINTER HAVEN, FL 33880

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDY SAGER PRICE

PDT

02/04/2003

Electronic Signature of Signing Officer or Director

Date