FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 21, 2001 8:00 am DOCUMENT # P92000007483 **Secretary of State** HORSE & PONY NEWSPAPER INC. 03-21-2001 90074 038 ***150.00 Principal Place of Business Mailing Address P.O. BOX 2050 6225 VIRGINA LANE DUDATAIN SEFFNER FL 33584 SEFFNER FL 33583 2. Principal Place of Business 3. Mailing Address same Same Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2647303 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent-7. Name and Address of New Registered Agent same SMITH, LOUISE F Street Address (P.O. Box Number is Not Acceptable) 3905 RIVER GROVE DR TAMPA FL 33610 submits this statement for the purpose of changing its registered office or registered ag 8. The above named ent FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE Same SMITH, LOUISE F NAME NAME STREET ADDRESS 8305 RIVERGROVE DRIVE STREET ADDRESS CITY~ST~7IP CITY-ST-ZIP TAMPA-FL TITLE ☐ Delete TITLE HIRVELA, VALERIE J. NAME NAME 6230 VIRGINIA LANE STREET ADDRESS STREET ADDRESS CITY_ST-7IP CITY-ST-ZIP SEFFNER FL TITLE ☐ · Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.