2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or changed, or on an att

SIGNATURE:

Mar 10, 2000 8:00 am Secretary of State DOCUMENT # **P93000017322** 1. Entity Name MUSTANG RANCH FEED & TACK, INC. 03-10-2000 90022 009 ***150.00 Principal Place of Business Mailing Address 5405 HWY 39 S 5405 HWY 39 S PLANTI CITY FL 33567 PLANT CITY FL 33567 2. Principal Place of Business 3. Mailing Address IGHWAY GO EAST Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Oty & State 65-0428353 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 56 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOLTER, PATSY L Street Address (P.O. Box Number is Not Acceptable) 5405 HWY 39 SOUTH PLANT CITY FL 33567 116HWAY60 EAST Zip Code 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition TITLE Change TITLE ☐ Delete HARLAN, MELVIN L NAME NAME STREET ADDRESS 201 E MCDONALD RD STREET ADDRESS CITY-ST-ZIP PLANT CITY FL 33567 CITY-ST-ZIP Change ☐ Addition ☐ Delete DILE HARLAN, DIANNE NAME NAME 201-E MCDONALD RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL 33567 ☐ Addition TITLE Delete HOLTER, PATSY L NAME NAME 120 HWY 60 EAST 5405 HWY 39 SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP oformation 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 of 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 a 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 13. I hereby certify that the

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