


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2003 8:00 am
Secretary of State

06-25-2003 90075 023 ***550.00

0673368 AV

DOCUMENT # P96000005649	
1. Entity Name TACK SHACK OF OCALA, INC.	

Principal Place of Business 6855 W. HIGHWAY 40 OCALA FL 34482	Mailing Address 6855 W. HIGHWAY 40 OCALA FL 34482
---	---



2. Principal Place of Business 6855 481 SW 60 AVE Suite, Apt. #, etc. #100	3. Mailing Address 481 SW 60 AVE Suite, Apt. #, etc. #100
--	---

☐ CHECK HERE IF MAKING CHANGES

City & State OCALA FL	City & State OCALA FL	4. FEI Number 59-3365037	Applied For <input type="checkbox"/> Not Applicable
Zip 34474	Country MARION	Zip 34474	Country MARION

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HAUGHT, DAVID P 6855 W. HIGHWAY 40 OCALA FL 34482

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 481 SW 60 AVE #100 City OCALA FL Zip Code 34474
--

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
P HAUGHT, DAVID P 6855 W. HIGHWAY 40 OCALA FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
D HAUGHT, MARTI E 6855 W HIGHWAY 40 OCALA FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
481 SW. 60 AVE #100 OCALA, FL 34474	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
481 SW. 600 AVE #100 OCALA FL 34474	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED	Date 6/23/03	Daytime Phone # 352-873-3599
--------------------------------------	------------------------	--

CR2E034 (10/02)