

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091951

1. Entity Name

THE NATIONAL HORSE, INC.

FILED

Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90088 029 ***150.00

Principal Place of Business

7818 LITHIA-PINECREST ROAD
LITHIA FL 33547

Mailing Address

P.O. BOX 710
LITHIA FL 33547
US

60037722



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HOLMES, DENISE L
7818 LITHIA-PINECREST ROAD
LITHIA FL 33547

Name

Street Address (P.O. Box Numbers Not Acceptable)

City

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.

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD						
	HOLMES, MICHAEL T	7818 LITHIA-PINECREST ROAD	LITHIA FL 33547				
	D						
	SULLIVAN, CLYDE JOHN JR.	413 NATALIE AVENUE	LAKE CITY FL 32025				
	ST						
	HOLMES, DENISE L	7818 LITHIA-PINECREST ROAD	LITHIA FL 33547				

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.

SIGNATURE:

Denise L. Holmes Denise L. Holmes

3/19/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)