

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90827 036 ***150.00

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DOCUMENT # P98000001006

1. Entity Name
HORSE CREEK RANCH, INC.



Principal Place of Business
**601 S HARBOUR ISLAND BLVD
STE 200
TAMPA FL 33602
US**

Mailing Address
**601 S HARBOUR ISLAND BLVD
STE 200
TAMPA FL 33602
US**



2. Principal Place of Business
5487 JETPORT INDUSTRIAL BLVD.

3. Mailing Address
5487 JETPORT INDUSTRIAL BLVD.

☒ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TAMPA, FL

City & State
TAMPA, FL

4. FEI Number **59-3489834**

Applied For
Not Applicable

Zip **23034** Country **USA**

Zip **33034** Country **USA**

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

**HODGES, GEOFFREY T
601 S HARBOUR ISLAND BLVD
STE 200
TAMPA FL 33602**

Name
Geoffrey T. Hodges

Street Address (P.O. Box Number is Not Acceptable)

5487 JETPORT INDUSTRIAL BLVD.

City
TAMPA

FL

Zip Code
33034

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

Geoffrey T. Hodges

4/25/03

(NOTE: Registered Agent's 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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MUSOLINO, FRANK**
STREET ADDRESS **601 S HARBOUR ISLAND BLVD STE 200**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☒ Change ☐ Addition
NAME **5487 JETPORT INDUSTRIAL BLVD.**
STREET ADDRESS **TAMPA, FL 33034**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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

Frank Musolino

4/28/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)