

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000034912**

1. Entity Name

**HORSIN' AROUND OF DAYTONA, INC.****FILED****Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90134 035 \*\*\*150.00

Principal Place of Business

Mailing Address

**DAYTONA BEACH FLEA MARKET**  
**E2 #4**  
**DAYTONA BEACH FL 32124****1756 MITCHELL CT.**  
**DAYTONA BEACH FL 32124-6760**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **59-3509284**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

**GUESS, PATRICIA**  
**1756 MITCHELL CT.**  
**DAYTONA BEACH FL 32124**Name  
Street Address (P.O. Box Number is Not Acceptable)City **FL** 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 reinstating)

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, 2000 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
P	PAGE, ANDREA	6098 SABAL BROOK WAY	PORT ORANGE FL 32124				
T	GUESS, PATRICIA	1756 MITCHELL CT.	DAYTONA BEACH FL 32124				

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-00

904-760-7100