## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** 

P98000096949

1. Entity Name BEAUTIFUL RANCH HORSES CORPORATION



## **FILED**

Apr 07, 2003 8:00 am	
Secretary of State	
04-07-2003 90212 027 ***150.00	

Principal Plac 950 NE 110TH OCALA FL 34		Mailing Address 950 NE 110TH ST OCALA FL 34479			NA TAND AND TAND DIALA DAN 1251
2. Principal P	Place of Business	3. Mailing Address			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKII	NG CHANGES
City & State	е	City & State		4. FEI Number 65-0880797	Applied For Not Applicable
Zip	Country	Zip	Country	== == == == == == == == == == == == ==	\$8.75 Additional
	6. Name and Address of Current	t Registered Arent	<del></del>	7. Name and Address of New Registere	<del></del>
	U. Haine and Address of Current	. Registered Agent	Name	7. Name and Address of New Registere	u Agent
	n, vivian l			(P.O. Box Number is Not Acceptable)	
25 SW 27	THA VE				<del></del>
ocala fi	L 34474 · 💮				
			City		Zip Code
9 The should	named artifice them the attempt f	or the currence of changing its	registered office or regist	ered agent, or both, in the State of Florida. I are	<u> </u>
	named entity submits this statement in the constant of registered agent.	in the purpose of changing its	s registered office of registe	ereo agent, or both, in the State of Horida. Tai	Trainilar with, and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature require	ed when reinstating) DATE	
	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00			Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be
Make Check	Payable to Florida Department of	of State		Mestrial destribution.	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 11
TITLE	DPT	☐ Delete	TITLE	,	Change 🕝 Chadition
NAME	MOLINA, AICARDO		NAME		
STREET ADDRESS CITY-ST-ZIP	950 NE 116TH ST OCALA FL 34479		STREET ADDRESS		
OHT-SI-ZIF	I UUMLM EL 39978				
	<del></del>		CITY-ST-ZIP		Charge Addition
TITLE	DV	- Delete	CITY-ST-ZIP TITLE		☐ Change ☐ Addition
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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 of 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 AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cardona

4-4-03

Date

352-8042066

Daytime Phone #