

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014818

1. Entity Name

ROCKING A- QUARTER HORSES, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90020 036 ***150.00

Principal Place of Business

6830 SW BELVOIR DRIVE
 ARCADIA FL 34266

Mailing Address

6830 SW BELVOIR DRIVE
 ARCADIA FL 34266-4072

2. Principal Place of Business

Same as above

3. Mailing Address

P.O. Box 6830 SW Belvoir Dr.



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State Arcadia, FL
 FL 34266

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip 34266

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

WOTITZKY, EDWARD L
 223 TAYMOR STREET
 PUNTA GORDA FL 33950

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 D
 NAME HUDSON, AARON
 STREET ADDRESS 6830 SW BELVOIR DRIVE
 CITY-ST-ZIP ARCADIA FL 34266 ☐ Delete

TITLE Director
 NAME Hudson, Karrie
 STREET ADDRESS 6830 SW Belvoir Drive
 CITY-ST-ZIP Arcadia, FL 34266 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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

Aaron E. Hudson

4-25-00

Date

863-993-9264

Daytime Phone #

CR2E034 (9/99)