

FILED
Sep 11, 2002 8:00 am
Secretary of State

08-19-2002 90149 050 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P99000039787** ✓
1. Entity Name
Hoof Sense Livestock + Farmer Service

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Sarasota Fl. 34240
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
P.O. Box 397
Suite, Apt. #, etc.
City & State
Myakka City Fl.
Zip
34251
Country
USA

4. FEI Number
593515505
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent:
Name
MICHAEL LEROY HARRISON
Street Address (P.O. Box Number is Not Acceptable)
5501 WAUCHULA R-d
City
Myakka City FL Zip Code
34251

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 resigning)

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	D Michael L. Harrison	5501 Wauchula rd	Myakka City Fl. 34251
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Michael L. Harrison**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

Attachment

42534

#99000039787

Please help -

I am new to This corporate account and did not receive renewal notice I assumed my accountant would pay this but she informed my wife and I that this should have come to us unfortunately it did not so my wife called and requested the form to pay. If at all possible please waive this late fee only because of our ignorance in the matter. If you can help please do so

Sincerely, Michael Harris

941-322-6025

941-809-2334



Department of the Treasury
Internal Revenue Service

Atlanta GA 39901

Handwritten: H. Kachman
Handwritten: 42534
Handwritten: H-P9900039787
In reply refer to: 0153426237
June 07, 2002 LTR 385C
59-3595505 200212 02 000
Input Op: 0153426237 03508

HOOF SENSE LIVESTOCK & FARRIER
X MICHAEL L HARRISON
5501 WAUCHULA RD
MYAKKA CITY FL 34251

~~Taxpayer Identification Number: 59-3595505~~

Dear Hoof Sense Livestock & Farrier:

Thank you for the inquiry of May 29, 2002.

We accept your election to be treated as an S corporation with an accounting period of Dec. 31, 2002, beginning Jan. 01, 2000.

Note: If we examine your return, we will verify that this election is appropriate for your situation.

When you file your business return(s), or if you write to us, please include your employer identification number as shown above.

Your name is now on our mailing list so you will receive the necessary tax forms.

If you have any questions, please call us toll free at 1-800-829-1040. If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Keep a copy of this letter for your records.

Telephone Number (941) 322-6025 Hours _____

Please keep this letter in your permanent records as proof of acceptance as an S corporation.