

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

FILED
Jun 30, 2003 8:00 am
Secretary of State

06-30-2003 90063 050 ***150.00

DOCUMENT # P99000065435

1. Entity Name

The Shaggin' Ranch, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
15055 SW 16 Ave

3. Mailing Address
15055 SW 16 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Ocala, Fla.

City & State
Ocala, Fla.

4. FEI Number **65-0934930**

Applied For
☐ Not Applicable

Zip
34473

Country
USA

Zip
34473

Country
USA

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 **Shelley Scott-Jones**

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

15055 SW 16 Ave.

City **Ocala**

FL

Zip Code
34473

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

Shelley Scott-Jones
Signature, typed or printed name of registered agent and title if applicable.

Pres. Shelley Scott-Jones 6/27/03
(NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Shelley Scott-Jones 15055 SW 16 Ave., Ocala, Fla. 34473	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Adrian Scott-Jones 15055 SW 16 Ave., Ocala, Fla. 34473	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Shelley Scott-Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shelley Scott-Jones

6/27/03

3523071717

Date

Daytime Phone #

CR2E034B (12/02)