

**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**  
Suite, Apt. #, etc.

3. Mailing Address  
**15055 SW 16 Ave.**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Ocala, Fla.**

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**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* Pres. *Shelley Scott-Jones* *6/27/03*  
Signature, typed or printed name of registered agent and title if applicable. (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	<b>President</b> <b>Shelley Scott-Jones</b> <b>15055 SW 16 Ave., Ocala, Fla. 34473</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Adrian Scott-Jones</b> <b>15055 SW 16 Ave., Ocala, Fla. 34473</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

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* *Shelley Scott-Jones* *6/27/03* *3523071717*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #