

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072265

1. Entity Name

SADDLE UP TACK & SUPPLIES, INC.

**FILED**  
**Feb 13, 2000 8:00 am**  
**Secretary of State**

02-13-2000 90006 006 \*\*\*150.00

Principal Place of Business

Mailing Address

3303 W. EMPEDRADO, SUITE 2  
TAMPA FL 33629

3303 W. EMPEDRADO, SUITE 2  
TAMPA FL 33629-7157

2. Principal Place of Business

10662 US HWY 301 S

3. Mailing Address

10662 US HWY 301 S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

RIVERVIEW, FL

City & State

RIVERVIEW, FL

4. FEI Number

59-3592147

Applied For

Not Applicable

Zip

33569

Country

HILLSBOROUGH

Zip

33569

Country

HILLSBOROUGH

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

YOUNG, SUSAN  
3303 W. EMPEDRADO, SUITE 2  
TAMPA FL 33629

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

*Susan M. Young*

SUSAN M. YOUNG, U.P./SEC.

1-10-00

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 PD ☐ Delete  
NAME MOSHER, JOYCE K  
STREET ADDRESS 3303 W. EMPEDRADO, SUITE 2  
CITY-ST-ZIP TAMPA FL 33629

TITLE ☒ Change ☐ Addition  
NAME ☒ Change ☐ Addition  
STREET ADDRESS 11010 DIXON DRIVE  
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE VD ☐ Delete  
NAME YOUNG, SUSAN  
STREET ADDRESS 3303 W. EMPEDRADO, SUITE 2  
CITY-ST-ZIP TAMPA FL 33629

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

TITLE STD ☐ Delete  
NAME SILBERMAN, JOHN P  
STREET ADDRESS 3303 W. EMPEDRADO, SUITE 2  
CITY-ST-ZIP TAMPA FL 33629

TITLE TD ☒ Change ☐ Addition  
NAME ☒ Change ☐ Addition  
STREET ADDRESS 445 W. DAVIS BLVD  
CITY-ST-ZIP TAMPA, FL 33606

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Susan M. Young*

SUSAN M. YOUNG, U.P./SEC.

Date

1-10-00

Daytime Phone #

(813) 672-2772

CR2E034 (9/99)