

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095626

1. Entity Name

HALF HORSE INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90843 017 ***150.00

Principal Place of Business

5178 FEARNLEY DR.
 LAKE WORTH FL 33467

Mailing Address

5178 FEARNLEY DR.
 LAKE WORTH FL 33467-5649

2. Principal Place of Business

5178 FEARNLEY RD.

3. Mailing Address

5178 FEARNLEY RD.

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

Zip

33467

Country

PA, USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

6. Name and Address of Current Registered Agent

RAULERSON, MARY L
 5178 FEARNLEY DR.
 LAKE WORTH FL 33467

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

Mary L. Raulerson

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

TITLE ☐ Delete
 NAME P
 STREET ADDRESS RAULERSON, MARY L
 CITY-ST-ZIP 5178 FEARNLEY DR.
 LAKE WORTH FL 33467

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

Section 119.07(3)(i), Florida Statutes. I further certify that the information
 is under oath; that I am an officer or director
 Block 11 or Block 12 if