2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# S16825

FILED Mar 08, 2002 8:00 AM Secretary of State

Entity Name: THOMASA TOMPKINS QUARTER HORSES, INC.

Current Principal Place of Business: New Principal Place of Business: 1731 BOGGY CREEK ROAD KISSIMMEE, FL 34744 **Current Mailing Address: New Mailing Address:** 1731 BOGGY CREEK ROAD KISSIMMEE, FL 34744 FEI Number: 65-0239311 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TOMPKINS, MARCIA K. 1731 BOGGY CREEK ROAD KISSIMMEE, FL 34744 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition TOMPKINS, THOMAS N, TOMPKINS, THOMAS N, Name: Name: 1731 BOGGY CREEK RD 1731 BOGGY CREEK RD Address: Address: City-St-Zip: KISSIMMEE, FL City-St-Zip: KISSIMMEE, FL 34744 Title: PD Title: PD (X) Change () Addition () Delete Name: TOMPKINS, THOMASA R., Name: TOMPKINS, THOMASA R., 1731 BOGGY CREEK RD 1731 BOGGY CREEK RD Address: Address: KISSIMMEE, FL KISSIMMEE, FL 34744 City-St-Zip: City-St-Zip: (X) Delete Title: Title: () Change () Addition JONES, KENNETH Name: Name: 1633 EAST VINE ST Address: Address: City-St-Zip: KISSIMMEE, FL City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS N. TOMPKINS VD 03/08/2002