

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2002 8:00 am**  
**Secretary of State**

09-17-2002 90093 038 \*\*\*150.00

**DOCUMENT # V43932**

1. Entity Name  
**FOXWOOD SADDLERY, INC.**

Principal Place of Business

**9595 66TH ST N  
PINELLAS PARK FL 33782  
US**

Mailing Address

**9595 66TH ST N  
PINELLAS PARK FL 33782  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3130246**

Applied For

Not Applicable

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

**PERKINS, SUSAN  
12509 SUNSHINE LANE  
TREASURE ISLAND FL 33706**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 ☐ Delete  
NAME **PD PERKINS, SUSAN**  
STREET ADDRESS **12509 SUNSHINE LANE**  
CITY-ST-ZIP **TREASURE ISLAND FL**

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

TITLE ☐ Delete  
NAME **STD POWERS, GEORGANN**  
STREET ADDRESS **9595 66TH ST N**  
CITY-ST-ZIP **PINELLAS PARK FL**

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  
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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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Susan Perkins**

**9/10/02**

**727-546-8479**

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

#V43932

To Whom It May Concern:

I just spoke to one of  
your employees on the phone.  
I explained how upset I was  
with the U.S. Mail I did not  
receive my Corp. tax bill.

She told me you had a computer  
problem & some people did not  
receive them & to pay the normal  
amount.

Sincerely Yours,  
Deeann Perkins  
Pres.