

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 24, 2003 8:00 am
Secretary of State

07-24-2003 90064 044 ****55.00

0020489

DOCUMENT # L02000011317

1. Entity Name

EDDIE WOODS STABLES, LLC



Principal Place of Business

**14870 WEST HIGHWAY 40
OCALA FL 34481**

Mailing Address

**14870 WEST HIGHWAY 40
OCALA FL 34481**

2. Principal Place of Business

14870 W. Hwy 40

Suite, Apt. #, etc.

3. Mailing Address

14870 W. Hwy 40

Suite, Apt. #, etc.

City & State

ocala, FL

Zip

34481

Country

USA

City & State

ocala, FL

Zip

34481

Country

USA

4. FEI Number

05-0530564

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**WOODS, EDDIE
14870 WEST HIGHWAY 40
OCALA FL 34481**

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Eddie Woods (President)
14870 W. Hwy 40
ocala, FL 34481**

☐ Delete

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

REQUIRED

Date

Daytime Phone #

352-489-8915

CR2E083 (4/03)