FILED

Jan 10, 2002 8:00 am

2002 UNIFORM BUSINESS REPORT (UBR)

P97000032903 DOCUMENT # **Secretary of State** STALLION 51 MAINTENANCE OPERATIONS, INC. 01-10-2002 90015 035 ***150.00 Principal Place of Business Mailing Address 3951 MERLIN-DRIVE 3951 MERLIN DRIVE KISSIMMEE FL 34741 KISSIMMEE FL 34741 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 59-3456521 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAUDERBACK, LEE C Street Address (P.O. Box Number is Not Acceptable) 3951 MERLIN DRIVE KISSIMMEE FL 34741 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (9/01)TITLE ☐ Delete TITLE ☐ Change Addition CANDACE M. BENNAGE LAUDERBACK; PETER C NAME NAME 3510 BLOSSOM ST 1429 Doowsoo Cat. CR2E034 STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34746 Kissimmec, PL 34741 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE Change Lauderback, Richard M NAME NAME 3510 BLOSSOM ST STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34746 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition LAUDERBACK, LEE C NAME NAME 10403 BURRIS CT STREET ADDRESS STREET ADDRESS ORLANDO FL 32836 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition LAUDERBACK, JOHN E NAME NAME 2011 WINSLOW DRIVE STREET ADDRESS STREET ADDRESS ORLANDO FL 32812 CITY-ST-ZIF CITY-ST-ZIP ☐ Change Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Channe Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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:

SICANDEL MESENDEDURED

01-05-02

401-935-0051