

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90477 050 ***150.00

DOCUMENT # 425950

1. Entity Name
STALLION INVESTMENT CORPORATION



Principal Place of Business
**P.O. BOX 3596
HOMOSASSA SPRINGS FL 34447
US**

Mailing Address
**P.O. BOX 3596
HOMOSASSA SPRINGS FL 34447
US**

2. Principal Place of Business
5944 PARADISE CIRCLE

3. Mailing Address
P.O. Box 111664

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
74 Ples. FL

City & State
74 Ples. FL

Zip
34110

Country

Zip
34108

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1492253**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WHIDBY, G A
209 OFFICE PLAZA
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name **Whidby, G.A.**
Street Address (P.O. Box Number is Not Acceptable)
309 S.R. Phillips DR
City **DAVENPORT** FL Zip Code **33837**

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **KENNEDY, M G**
STREET ADDRESS **107 BYRSONIMA CIRCLE**
CITY-ST-ZIP **HOMOSASSA FL 34446**

TITLE **VD** ☐ Delete
NAME **KENNEDY, FAY**
STREET ADDRESS **107 BYRSONIMA CIRCLE**
CITY-ST-ZIP **HOMOSASSA FL 34446**

TITLE **STD** ☐ Delete
NAME **WHIDBY, G A**
STREET ADDRESS **107 BYRSONIMA CIRCLE**
CITY-ST-ZIP **HOMOSASSA FL 34446**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P.D** ☒ Change ☐ Addition
NAME **Kennedy, M. G.**
STREET ADDRESS **5944 PARADISE CIRCLE**
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE **V.D** ☒ Change ☐ Addition
NAME **KENNEDY, FAY**
STREET ADDRESS **5944 PARADISE CIRCLE**
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE **S.T.V.D** ☒ Change ☐ Addition
NAME **Whidby, G.A.**
STREET ADDRESS **309 S.R. Phillips DR**
CITY-ST-ZIP **DAVENPORT, FL 33837**

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **M. Kennedy** **Whidby** **3/16/03** **407-592 1482**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)