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2001 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

Aug 01, 2001 8:00 am Secretary of State DOCUMENT # 483214 1. Entity Name BEE BEE STABLES OF PALM BEACH, INC. 08-01-2001 90191 049 ***150.00 Principal Place of Business Mailing Address 855 LAKESIDE DRIVE 855 LAKESIDE DRIVE មកម្មមួយប្រជុ NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1618666 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name_ BUSH, JOHN W. Street Address (P.O. Box Number is Not Acceptable) 855 LAKESIDE DRIVE NORTH PALM BEACH FL 33408 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) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PTSD Change ☐ Addition TITLE ☐ Delete TITLE BUSH, JOHN W. NAME NAME 855 LAKESIDE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH FL CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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 of trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

whe required

Cochrane & Co.

Certified Public Accountants

Attachment De.#483214

> 2801 Exchange Court West Palm Beach, FL 33409

Telephone (561) 684-9566 Fax (561) 687-3528

July 23, 2001

Florida Department of State Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Re: Bee Bee Stables of Palm Beach, Inc.

Document #483214 EIN# 59-1618666

Gentlemen:

Enclosed is the above client's completed 2001 Uniform Business Report along with a check in the amount \$150.00 for the annual filing fee. Bee Bee Stables of Palm Beach, Inc. has been our client for over 20 years. The company has always paid their bills timely and has always maintained a sufficient cash flow. Mr. Bush, President, received the second notice for the Corporation' annual report showing fees due in the amount of \$550.00. We are asking that you abate the penalties for late payment as Mr. Bush states he did not receive the first notice for filing the annual report and would have promptly filed and paid if he had received the report.

We greatly appreciate your consideration in this matter.

Yours truly,

COCHRANE & CO., P.A

Thomas E. Cochrane, Jr., C.P.A.

TECjr/dj Enclosures

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