

1 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 615978

1. Entity Name

FLORIDA BLOODSTOCK, INC.

Principal Place of Business

6 CHALLEDON CLOSE
OCALA FL 32675

Mailing Address

6 CHALLEDON CLOSE
OCALA FL 32675

2. Principal Place of Business

655 H W 150th Ave

Suite, Apt. #, etc.

3. Mailing Address

655 N W 150th Ave

Suite, Apt. #, etc.

City & State

Ocala FL

City & State

Ocala FL

Zip

34482

Country

USA

Zip

34482

Country

USA

4. FEI Number

59-1973337

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AUDETTE, F.J.
6 CHALLEDON CLOSE
OCALA FL 32675

7. Name and Address of New Registered Agent

Name: Joan Audette
Street Address (P.O. Box Number is Not Acceptable):
655 N W 150th Ave
City: Ocala FL Zip Code: 34482

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 reissuing)

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE	STD	<input type="checkbox"/> Delete
NAME	AUDETTE, JOAN	
STREET ADDRESS	6 CHALLEDON CLOSE	
CITY-ST-ZIP	OCALA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	AUDETTE, JOAN	
STREET ADDRESS	6 CHALLEDON CIR	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	STD	<input type="checkbox"/> Delete
NAME	STECHIT, DANIELLE	
STREET ADDRESS	9032 DORTHY FARRIS RD	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	655 N W 150th Ave	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	655 N W 150th Ave	
CITY-ST-ZIP		
TITLE	streichert, Danielle	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

(352) 237-5305

Daytime Phone #

FILED
Jun 06, 2001 8:00 am
Secretary of State

05-10-2001 90072 030 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)