FILED

Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90133 016 ***150.00

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

F95000004179 DOCUMENT

1. Entity Name

COMING HOME STABLES, INC.



Principal Place of Business Mailing Address 3725 S OCEAN DR 3725 S OCEAN DR **APT 902 APT 902** HOLLYWOOD FL 33019-2910 HOLLYWOOD FL 33019-2910 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 04-2802911 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RITVO, KATHERINE Street Address (P.O. Box Number is Not Acceptable) 10848 NW 26TH ST SUNRISE, FL 33322 City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution, Make Check Payable to Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DCPT TITLE ☐ Delete TITLE ☐ Change ☐ Addition PETRO, MICHAEL NAME NAME STREET ADDRESS 68 EVERGREEN AVE STREET ADDRESS CITY-ST-ZIP Braintree Ma CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition PETRO, MARY H NAME NAME STREET ADDRESS **68 EVERGREEN AVE** STREET ADDRESS CITY-ST-ZIP **BRAINTREE MA** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 10 or Block 11 if

SIGNATURE:

Daytime Phone #

CR2E034 (10/02)