

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 15, 2001 8:00 am**  
**Secretary of State**

03-15-2001 90195 005 \*\*\*150.00

**DOCUMENT # F96000004864**

1. Entity Name

**HATFIELD STABLES, INC.**

Principal Place of Business

Mailing Address

**P O BOX 28223**  
**COLUMBUS OH 43228****P O BOX 28223**  
**COLUMBUS OH 43228**

00043300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**P.O. Box 28223**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City & State  
**Columbus, OH**4. FEI Number **31-1603383**

Applied For

Not Applicable

Zip

Country

Zip  
**43228**

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HATFIELD, BUD C**  
**1700 S OCEAN BLVD UNIT 11-A**  
**POMPAÑO BEACH FL 33062**

Name

**Hatfield, Bud C.**

Street Address (P.O. Box Number is Not Acceptable)

**1700 South Ocean Blvd. Unit 11-A**City **Pompano Beach****FL**Zip Code  
**33062**

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:

**Bud C. Hatfield**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>PCD</b> <b>HATFIELD, BUD C</b> <b>10649 STATE ROUTE 104</b> <b>LOCKBOURNE OH</b>			
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

**Bud C. Hatfield****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-12-2001**

Date

Daytime Phone #

CR2E034 (10/00)