

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005032

1. Entity Name

DOUBLE S STABLE INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90010 015 ***150.00

Principal Place of Business

Mailing Address

64 POST RD W
WESTPORT CT 06880

64 POST RD W
WESTPORT CT 06880-5602

2. Principal Place of Business

3. Mailing Address

1599 Post Road East

1599 Post Rd E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Westport Ct

Westport Ct

Zip

Country

Zip

Country

06880

USA

06880

USA



A0005400

DO NOT WRITE IN THIS SPACE

4. FEI Number

13-3567611

Applied For

Not Applicable

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

BENSON, HARRY
916 NE 27TH AVE
HALLANDALE FL 33009

Name

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

City

FL

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.

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, 2000 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 |
|-------|-----------------|----------------|-------------------|---------------------------------|
| CP | SWEDLER, JOSEPH | 64 POST RD W | WESTPORT CT 06880 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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 PRECEDED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/31/99

(203) 319-3600