FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2006 8:00 am
Secretary of State
03-28-2006 90110 027 ***150.00

DOCUMENT # F96000006808

1. Entity Name

GARY & MARY WEST STABLES, INC.

DO NOT WRITE IN THIS SPACE

40040189

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
9746 Ascot Drive		9746 Ascot Drive	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State: Omaha, NE		City & State: Omaha, NE	
Zip: 68114	Country: USA	Zip: 68114	Country: USA

4. FEI Number: 47-0633256 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Bork, Alan Z Triple Crown Insurers
Street Address (P.O. Box Number is Not Acceptable): 325-3 Ives Dairy Rd.
City: Miami FL Zip Code: 33179

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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	CP	TITLE	
NAME	West, Gary L.	NAME	
STREET ADDRESS	9746 Ascot Drive	STREET ADDRESS	
CITY-ST-ZIP	Omaha, NE 68114	CITY-ST-ZIP	
TITLE	VCS	TITLE	
NAME	West, Mary E.	NAME	
STREET ADDRESS	9746 Ascot Drive	STREET ADDRESS	
CITY-ST-ZIP	Omaha, NE 68114	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mary E. West VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)