

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2003 8:00 am
Secretary of State

03-25-2003 90077 030 ***150.00

DOCUMENT # G09493

1. Entity Name
TRAKEHNER HORSE FARMS, INC.



Principal Place of Business
**1648 OSCEOLA ST
JACKSONVILLE FL 32204**

Mailing Address
**1648 OSCEOLA ST
JACKSONVILLE FL 32204**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2240168**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**O'DONNELL, JAMES D
1648 OSCEOLA ST.
JACKSONVILLE FL 32204**

7. Name and Address of New Registered Agent

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. 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)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS ODONNELL, JAMES D 1648 OSCEOLA ST. JACKSONVILLE, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-03

Date

Daytime Phone #

CR2E034 (10/02)

Att. @ Chmnd.

O'DONNELL & GROSSE
ATTORNEYS AT LAW
1648 OSCEOLA STREET
JACKSONVILLE, FLORIDA 32204
(904) 387-4963
TELECOPIER (904) 384-7329

800 222 271

JAMES D. O'DONNELL
RENEE D. GROSSE

LEE MARINELLI *
OF COUNSEL
* ADMITTED IN WASHINGTON D.C.
VIRGINIA & TENNESSEE ONLY

March 21, 2003

Divisions of Corporations
Uniform Business Report Filings
P O Box 1500
Tallahassee FL 32302-1500

RE: 2003 Uniform Business Report
FEI: 59-2240168
Trakehner Horse Farms, Inc.
Document No. G09493

Dear Sir/Madam:

Enclosed please find our check #10119 in the amount of \$150.00 for the filing fee for the 2003 Uniform Business Report for Trakehner Horse Farms, Inc., Document #G09493.

Sincerely,

May Anne Prarch
for James D. O'Donnell

JOD:map

Enclosures
/ as stated

CERTIFIED MAIL #7001 2510 0007 2129 5840

corpthf