FILED

2001 UNIFORM BUSINESS REPORT (UBR)

## Jun 07, 2001 8:00 am **DOCUMENT # G57490 Secretary of State** 1. Entity Name 06-07-2001 90002 029 \*\*\*150.00 EQUESTRIAN VENTURES, INC. Principal Place of Business Mailing Address 29703 US 19 NORTH 29703 US 19 NORTH 661222 9315 US 19 NORTH 9315 US 19 NORTH CLEARWATER-FL-34621 CLEARWATER FL 34621 U\$ US 2. Principal Place of Business DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2331553 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent DACOSTA, CARROLL C. 29703 US 19 NORTH ~CLEARWATER FL-93515 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. (NO :: Registered Agent & gnature required when reinstating) DATE FILE NOW !! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2: 01 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Paya le to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition TITLE ☐ Delete TITLE DACOSTA, CARROLL C. NAME NAME STREET ADDRESS STREET ADDRESS -29703 US 19N-CITY-ST-ZIP CITY-ST-7IF **CLEARWATER FL** ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE 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-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify fir 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 repoil 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICE! OR DIRECTOR

Attachment Gle1222 FROM f State G 57490

TO

## **SPEED MESSAGE**

Florida Department of State 951490	Equestrian Ventures Inc.
Division of Corporations	180 Nina Way
	Oldsmar, Fl. 34677
SUBJECT 2001. Uniform Business:Report	
Residence of the second	DATEJune_ 4, _2001
Please be advised that we are re	questing that you kindly file this
annual report at the original \$150.00 fee. We	have changed locations and came across.
it filed in a draw. Our bookkeeper who left us	a few months ago handles all of these things.
She must have filed it away without informing	us of it's arrival or due date.
Thank you so much for any help you can give at	this time.
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Carrol	1 daCosta
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	SIGNED