

FILED
Jun 19, 2001 8:00 am
Secretary of State

05-22-2001 90040 003 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H29357

1. Entity Name

Circle H Stables, Inc. (CA)

Principal Place of Business

Mailing Address

See change below

7758

2. Principal Place of Business

3. Mailing Address

315 S. Calhoun St.

PO Box 428

Suite, Apt. #, etc.

Ste 300

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

32301

Country

US

Zip

32302

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Gladys Maloy

722 Ingleside Ave.

Tallahassee FL 32303

Name

Gladys Maloy

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

315 S. Calhoun St., Ste 300

City

Tallahassee FL

FL

Zip Code

32301

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

Gladys Maloy

Signature (typed or printed name of registered agent and file if applicable)

Gladys Maloy

(NOTE: Registered Agent signature required when re-electing)

4-30-01

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE President
NAME Gladys Maloy
STREET ADDRESS 315 S. Calhoun St., Ste. 300
CITY-ST-ZIP Tallahassee FL 32301

☐ Delete

TITLE
NAME
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Gladys Maloy

Gladys Maloy

4-30-01

CK2E034 (11/00)