

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91408 050 ***150.00

0571965 AV

DOCUMENT # H72086

1. Entity Name

ROHARA ARABIAN HORSES, INC.



Principal Place of Business

% KARL V. HART
3.2 MI WEST OF ST RD 441 ON DUNGARVIN RD
ORANGE LAKE FL 32681

Mailing Address

125 N.E. 1ST AVENUE.. SUITE 1
OCALA FL 34470
US

2. Principal Place of Business

9300 NW 193RD ST

3. Mailing Address

P. O. Box 430

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORANGE LAKE, FL

City & State

ORANGE LAKE, FL

Zip
32681

Country
USA

Zip
32681

Country
USA

4. FEI Number

59-2589177

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HART, KARL
125 N.E. 1ST AVE., SUITE 1
OCALA FL 34470

7. Name and Address of New Registered Agent

Name

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

9300 NW 193RD ST

City

ORANGE LAKE

FL

Zip Code

32681

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

4-25-03

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 **STD** ☐ Delete
NAME **HART, ROXANNE R**
STREET ADDRESS **DUNGARVIN RD., P.O. BOX 110**
CITY-ST-ZIP **ORANGE LAKE FL 32681**

TITLE **PD** ☐ Delete
NAME **HART, KARL V**
STREET ADDRESS **DUNGARVIN RD., P.O. BOX 110**
CITY-ST-ZIP **ORANGE LAKE FL 32681**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

04/25/03

Date

Daytime Phone #

CR2E034 (10/02)