

**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.

CHECK HERE IF MAKING CHANGES

City & State
ORANGE LAKE, FL

City & State
ORANGE LAKE, FL

4. FEI Number **59-2589177**

Applied For
 Not Applicable

Zip **32681** Country **USA**

Zip **32681** Country **USA**

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

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
KARL V. HART

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 *Karl V Hart* DATE **4-25-03**

(NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME	HART, ROXANNE R	
STREET ADDRESS	DUNGARVIN RD., P.O. BOX 110	
CITY-ST-ZIP	ORANGE LAKE FL 32681	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HART, KARL V	
STREET ADDRESS	DUNGARVIN RD., P.O. BOX 110	
CITY-ST-ZIP	ORANGE LAKE FL 32681	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Karl V Hart* SIGNATURE REQUIRED DATE **04/29/03** Daytime Phone #

CR2E034 (10/02)