2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J18708 Apr 03, 2000 8:00 am Secretary of State 1. Entity Name HORSE SENSE, INC. 04-03-2000 90207 026 ***150.00 Principal Place of Business Mailing Address 1801 S. FED HWY STE 300 1801 S. FED HWY STE 300 DEL RAY BCH FL 33483 DEL RAY BCH FL 33483 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2814570 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name-CHERRY, ERIC Street Address (P.O. Box Number is Not Acceptable) 2525-S-OCEAN-BLVD HIGHLAND BEACH FL 33487 .300 his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity su SIGNATURE NOTE. Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD TITLE ☐ Addition TITLE ☐ Delete CHERRY, ERIC NAME NAME STREET ADDRESS STREET ADDRESS 2525 S OCEAN BLVD CITY-ST-ZIP CITY-ST-ZIP HIGHLAND BEACH FL 33487 ☐ Delete TITLE Change ☐ Addition TITLE CHERRY, VERONICA NAME NAME STREET ADDRESS 2525 S OCEAN BLVD STREET ADDRESS CITY-ST-7IP CITY-ST-7IP HIGHLAND BEACH FL 33487 ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE 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 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 annowered 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.

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SIGNATURE: 3/29/06 561-272-50