

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J41377

1. Entity Name

GEORGE F. SHOLTY STABLES, INC.

FILED

Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90010 028 ***150.00

Principal Place of Business

Mailing Address

11 SE 7 STREET
POMPAÑO BEACH FL 33060

1515 REDD ROAD
LEXINGTON KY 40510

2. Principal Place of Business

3. Mailing Address

11 SE 7th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Pompano Beach, FL

4. FEI Number 59-2735087

Applied For
Not Applicable

Zip

Country

Zip
33060

Country
US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KORTHALS, JOHN L.
1401 E. ATLANTIC BLVD
POMPAÑO BEACH FL 33060

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPD ☒ Delete
NAME SHOLTY, GEORGE
STREET ADDRESS 3669 CYPRESS WOOD COURT
CITY-ST-ZIP LAKE WORTH FL

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

TITLE PSTD ☐ Delete
NAME SHOLTY, MYRNA
STREET ADDRESS 3669 CYPRESS WOOD COURT
CITY-ST-ZIP LAKE WORTH FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

Myrna J. Sholty Myrna J. Sholty

1-22-2001

Date

Daytime Phone #

CR2E034 (10/00)