## 2002 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 09, 2002 8:00 am J71506 **DOCUMENT # Secretary of State** 1. Entity Name J.W. BOARDING & TRAINING STABLES. INC. 01-09-2002 90004 008 \*\*\*150.00 Mailing Address Principal Place of Business 9997 103RD ST 9997 103RD ST 'JACKSONVILLE FL 32210 JACKSONVILLE FL 32210 2. Principal Place of Business Mailing Address 9997 103RD St Same Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For Citý & State 4. FEI Number 59-2803249 Not Applicable Taxi Country DUVaL Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent The way in the MILLAR, AL Street Address (P.O. Box Number is Not Acceptable) 4627 OCEAN STREET MAYPORT FL 32233 Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 •10. Election Campaign Financing \*\$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Delete TITLE ☐ Change ☐ Addition TITLE WIGGENS, JANE NAME 9997 103RD ST STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32210 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME 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-7IP TITLE -☐ Delete TITLE NAME NAME STREET ADDRESS 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 occorporation 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.

TITLE

NAME STREET ADDRESS

Delete

☐ Addition

☐ Change

CITY-ST-2IP

STREET ADDRESS

SIGNATURE:

TITLE NAME