2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **K58665** HEAVEN'S GAIT RANCH, INC. Principal Place of Business Mailing Address %JEFF & PAM SCHROEDER ふにす & PAM SCHROEDER P.O. BOX 222 .⊙. BOX 222 OKAHUMPKA FL 34762-0222 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip 6. Name and Address of Current Registered Agent Name

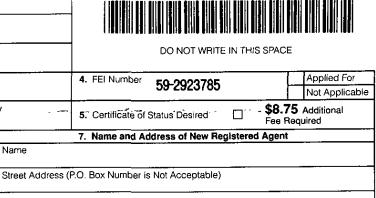
SCHROEDER, JEFFREY K.

22671 LOOP RD OKAHUMPKA FL 34762

SIGNATURE

FILED May 01, 2000 8:00 am Secretary of State

05-01-2000 90472 004 ***150.00



Zip Code

thic statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. Addition Change TITLE ☐ Delete TITLE SCHROEDER, JEFFREY K. NAME NAME 22671 LOOP RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OKAHUMPKA FL CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE 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-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Change ☐ 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

4-24.00