

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K58665**

1. Entity Name

HEAVEN'S GAIT RANCH, INC.

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90342 006 ***150.00

Principal Place of Business

%JEFF & PAM SCHROEDER
P.O. BOX 222
OKAHUMPKA FL 34762
US

Mailing Address

%JEFF & PAM SCHROEDER
P.O. BOX 222
OKAHUMPKA FL 34762
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip

Country

4. FEI Number

59-2923785

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHROEDER, JEFFREY K.
22671 LOOP RD
OKAHUMPKA FL 34762

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)

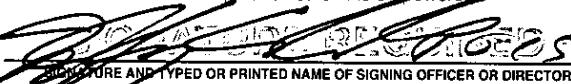
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Delete	NAME	
CITY-ST-ZIP	SCHROEDER, JEFFREY K. 22671 LOOP RD OKAHUMPKA FL	STREET ADDRESS	
STREET ADDRESS	<input type="checkbox"/> Delete	CITY-ST-ZIP	
CITY-ST-ZIP			
STREET ADDRESS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		NAME	
STREET ADDRESS	<input type="checkbox"/> Delete	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
STREET ADDRESS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		NAME	
STREET ADDRESS	<input type="checkbox"/> Delete	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
STREET ADDRESS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		NAME	
STREET ADDRESS	<input type="checkbox"/> Delete	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
STREET ADDRESS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		NAME	
STREET ADDRESS	<input type="checkbox"/> Delete	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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-02 407 857-2552

Date

Daytime Phone #

CR2E034 (9/01)