## 2000 UNIFORM BUSINESS REPORT (UBR)

| <del></del>   | · · · · · · · · · · · · · · · · · · ·          |                                 |   |  |  | 7               |  |               |            |               |               |                             |                              |
|---|--|---------------------------------|---|--|--|-----------------|--|---------------|------------|---------------|---------------|-----------------------------|------------------------------|
| DOCU<br>1. Entity Nam   | MENT #   | 9900000                         | 07501   |  |  | ا               | FIL  | ED<br>V NF S  | TATE       | •             |               |                             |                              |
| HORSE 8   | & TACK LOSS REG                                | SISTER, LLC                     |   |  |  | olyls<br>Divls  | FIL<br>CRETAR<br>ION OF  | CORPO         | RATION     | 5             |               |                             |                              |
| RE-DEC  | hstered 4                                      | 15 HOR                          | BESAF   | EU   | ڪ  |                 | AUG 10   | MA            | เก: 02     | h             | !             |                             |                              |
| ·   | ce of Business                                 | , Mail                          | ling Address  |  |  | Ψ               | AUG II   | ; <b>m</b> ii |            | $\gamma \ell$ | •             |                             |                              |
| 750 PINECHA<br>WELLINGTON   |  |                                 | PINECHASE COURT<br>ELLINGTON FL 33417                                   |  |  |                 |  |               |            | I             |               |                             |                              |
|   |  |                                 |   |  |  |                 | lif  |               |            |               |               |                             |                              |
| 2. Principal Place of Business 3.   |  |                                 | 3. Mailing Address  |  |  |                 |  |               |            |               |               |                             |                              |
| Suite, Apt. #, etc.   |  | Su                              | Suite, Apt. #, etc.   |  |  |                 | DO NOT WRITE IN THIS SPACE   |               |            |               |               |                             |                              |
| City & State  |  |                                 | City & State  |  |  |                 | 4. FEI Number Applied For Not Applied For Not Applied For  |               |            |               |               |                             |                              |
| Zip   | Country  | Zip                             | р   | Countr   | y  |                 | 5. Certifica   | te of Stat    | tus Desire | d $\square$   |               | 00 Add<br>Required          |                              |
|   | 6. Name and Address                            | of Current Register             | red Agent   |  | <del></del>  | <u> </u>        | 7. Name a  | nd Addre      | ss of Nev  | v Registe     |               |                             |                              |
|   |  |                                 | · ·   |  | Name   | 3020            | بن رو  | ITC           | 14-7       | · · · ·       |               | _                           |                              |
|   | & UTRERA, P.A.                                 |                                 |   |  |  | ddress (P.0     | D. Box Nun   | ber is No     | t Accepta  | ble)          | 07            | ,                           | -                            |
|   | ERIA AVENUE<br>SABLES FL 33134                 |                                 |   | F  |  | <u>ه</u>        | <b>6</b> (7)   |               | <i>'''</i> |               | <del></del> \ |                             |                              |
|   | ADELO I E GO IOT                               |                                 |   | <u> </u>   | City   |                 |  | <del></del>   |            | <del></del>   | FL            | Zip Code                    | , ,                          |
| CORAL G   |  |                                 |   |  |  |                 | ムして  | $\mathbf{T}$  | •)         |               | י יייי        | =                           | $\overline{\mathbf{u}}$      |
|   |  |                                 |   |  |  |                 | Lagrant and  | ath in th     | o Ctoto of | Eleride       |               |                             | ٠ ١                          |
|   | named entity submits this                      | statement for the pur           | rpose of changing its   | registered   |  | registered      | agent, or t  | ooth, in th   | e State of | Florida.      |               |                             | ` \                          |
|   | e named entity submits this                    | 174CW                           | eu.   |  | d office or  |                 |  | ooth, in th   | e State of | 7.            | 8-            | <u>oc</u>                   | <u> </u>                     |
| 8. The above  | e named entity submits this                    | statement for the pur           | eu.   |  | d office or  |                 | agent, or the agent of the agen | ooth, in th   | e State of | 7.            | 85-           | <u>oc</u>                   | <u>)</u>                     |
| 8. The above  | e named entity submits this                    | 174CW                           | eu.   | E: Registered  | d office or  | ire required wh |  | ooth, in th   | e State of | 7.            |               | <u>oc</u>                   |                              |
| 8. The above  | e named entity submits this                    | 174CW                           | ppilcable. (NOTE  | E: Registered  | Agent signatu  | ine required wh | en reinstating)  | ooth, in th   | e State of | 7.            |               | <u>oc</u>                   | <u>)</u>                     |
| 8. The above  | Stynewer 1956d or printed name of              | 174CW                           | FILE NO Make Check Pay  | E: Registered  | Agent signatu  | ine required wh | en reinstating)  | 4             | e State of | 7.            | ATE           | <u> </u>                    | )                            |
| 8. The above  | Symptom (MANAG                                 | registered agent and title if a | FILE NO Make Check Par  | E. Registered OW!!! Fl   | Agent signatu  | ine required wh | en reinstating)  | 4             |            | 7.            | IGES          | Change                      | Addition                     |
| 8. The above SIGNATURE.   | MANAG MGR MITCHELL, TRUDI                      | registered agent and title if a | FILE NO Make Check Pay  | E: Registered .  OW!!! Fryable to  10.  TITLE  NAME  | Agent signatu EE IS \$5  | ine required wh | en reinstating)  | 4             |            | 7.            | IGES          | 2 1                         | Addition                     |
| 8. The above SIGNATURE.   | MANAG  MGR  MITCHELL, TRUDI  750 PINECHASE COL | registered agent and title if a | FILE NO Make Check Pay  | E: Registered .  OW!!! Fryable to  10.  TITLE  NAME  | Agent signatu EE IS \$1 Departn  | ine required wh | en reinstating)  | 4             |            | 7.            | IGES          | 2 1                         | Addition                     |
| 9. AND STREET ADDRESS   | MANAG MGR MITCHELL, TRUDI                      | registered agent and title if a | FILE NO Make Check Pay  | OW!!! Fryable to  10.  TITLE  NAME  STREET   | Agent signatu EE IS \$1 Departn  | ine required wh | en reinstating)  | 4             |            | 7.            | IGES          | 2 1                         | Addition Addition            |
| 9. AND  | MANAG  MGR  MITCHELL, TRUDI  750 PINECHASE COL | registered agent and title if a | FILE NO Make Check Pay NAGERS   | OW!!! Finance to the street of | Agent signatur EE IS \$: Departm   | ine required wh | State  |               | ADDITION   | NS/CHAN       | IGES          | Change                      | ☐ Addition                   |
| 9. AND  | MANAG  MGR  MITCHELL, TRUDI  750 PINECHASE COL | registered agent and title if a | FILE NO Make Check Pay NAGERS   | OW!!! Finance to the street of | Agent signatur EE IS \$: Departn  T ADDRESS ST-ZIP   | ine required wh | State  |               | ADDITION   | 335<br>6/00-  | IGES          | Change Change               | □ Addition<br>•3<br>06       |
| 9. AN   | MANAG  MGR  MITCHELL, TRUDI  750 PINECHASE COL | registered agent and title if a | FILE NO Make Check Pay NAGERS   | OW!!! Final Property of the Control  | Agent signatur EE IS \$: Departn  T ADDRESS ST-ZIP   | ine required wh | State  |               | ADDITION   | NS/CHAN       | GES 0         | Change                      | □ Addition<br>•3<br>06       |
| 9. ACTIVE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | MANAG  MGR  MITCHELL, TRUDI  750 PINECHASE COL | registered agent and title if a | PILE NO Make Check Pay NAGERS Delete                                    | OW!!! Fryable to  10. TITLE NAME STREE CITY-S TITLE NAME STREE TITLE NAME STREET NAME  | Agent signatur  Agent signatur  EE IS \$: Departn  T ADDRESS ST-ZIP  | ine required wh | State  |               | ADDITION   | 335<br>6/00-  | GES 0         | Change Change               | Addition                     |
| 9. AV. 10 P. AME SIGNATURE  9. AV. 10 P. AME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | MANAG  MGR  MITCHELL, TRUDI  750 PINECHASE COL | registered agent and title if a | PILE NO Make Check Pay NAGERS Delete                                    | OW!!! Fryable to  10. TITLE NAME STREE CITY-S TITLE NAME STREE TITLE NAME STREET NAME  | Agent signatur  Agent signatur  EE IS \$: Departn  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  | ine required wh | State  |               | ADDITION   | 335<br>6/00-  | GES 0         | Change Change               | Addition                     |
| 9. AV. SIGNATURE  9. AV. SIGNATURE  NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS   | MANAG  MGR  MITCHELL, TRUDI  750 PINECHASE COL | registered agent and title if a | PILE NO Make Check Pay NAGERS Delete                                    | OW!!! Fryable to  10. TITLE NAME STREE CITY-S TITLE NAME STREE CITY-S TITLE NAME STREE CITY-S TITLE NAME STREE STREE   | Agent signatur  Agent signatur  EE IS \$: Departn  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  | ine required wh | State  |               | ADDITION   | 335<br>6/00-  | GES           | Change Change               | □ Addition<br>               |
| 9. AND ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME  | MANAG  MGR  MITCHELL, TRUDI  750 PINECHASE COL | registered agent and title if a | Pplicable (NOTE  FILE NO  Make Check Pay  NAGERS  Delete  Delete        | E Registered  OW!!! Fi  tyable to  10.  TITLE NAME STREET CITY-S  TITLE NAME STREET CITY-S  TITLE NAME STREET CITY-S  TITLE NAME STREET CITY-S  TITLE NAME   | Agent signature Agent signature EE IS \$1 Departm  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  | ine required wh | State  |               | ADDITION   | 335<br>6/00-  | GES           | Change Change 64-0          | Addition Addition Addition   |
| 9. ATTILE OF THE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME  | MANAG  MGR  MITCHELL, TRUDI  750 PINECHASE COL | registered agent and title if a | Pplicable (NOTE  FILE NO  Make Check Pay  NAGERS  Delete  Delete        | E Registered  OW!!! Fi  tyable to  10.  TITLE NAME STREET CITY-S  TITLE NAME STREET CITY-S  TITLE NAME STREET CITY-S  TITLE NAME STREET CITY-S  TITLE NAME   | Agent signature Agent signature EE IS \$1 Departm  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  | ine required wh | State  |               | ADDITION   | 335<br>6/00-  | GES           | Change Change 64-0          | Addition Addition Addition   |
| 9. AND ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  | MANAG  MGR  MITCHELL, TRUDI  750 PINECHASE COL | registered agent and title if a | Pplicable (NOTE  FILE NO  Make Check Pay  NAGERS  Delete  Delete        | E Registered  OW!!! Fi  tyable to  10.  TITLE NAME STREET CITY-S  TITLE NAME STREET CITY-S  TITLE NAME STREET CITY-S  TITLE NAME STREET CITY-S  TITLE NAME STREET STREET   | Agent signature Agent signature EE IS \$1 Departm  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  | ine required wh | State  |               | ADDITION   | 335<br>6/00-  | GES           | Change Change 64-0          | Addition Addition Addition   |
| 9. AND ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | MANAG  MGR  MITCHELL, TRUDI  750 PINECHASE COL | registered agent and title if a | PPICADOR (NOTE  FILE NO  Make Check Pay  NAGERS  Delete  Delete  Delete | TITLE NAME STREET CITY-S TITLE NAME  | Agent signatur  Agent signatur  EE IS \$: Departn  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  | ine required wh | State  |               | ADDITION   | 335<br>6/00-  | GES           | Change Change Change Change | Addition                     |
| 9. AND ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | MANAG  MGR  MITCHELL, TRUDI  750 PINECHASE COL | registered agent and title if a | PPICADOR (NOTE  FILE NO  Make Check Pay  NAGERS  Delete  Delete  Delete | TITLE NAME STREET CITY-S TITLE NAME  | Agent signatur  Agent signatur  EE IS \$: Departn  T ADDRESS  ST-ZIP  T ADDRESS  ST-ZIP  T ADDRESS  ST-ZIP  T ADDRESS  ST-ZIP                  | ine required wh | State  |               | ADDITION   | 335<br>6/00-  | GES           | Change Change Change Change | Addition                     |
| 9. AND ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  | MANAG  MGR  MITCHELL, TRUDI  750 PINECHASE COL | registered agent and title if a | PPICADOR (NOTE  FILE NO  Make Check Pay  NAGERS  Delete  Delete  Delete | TITLE NAME STREET CITY-S TITLE NAME STREET STREET STREET  | Agent signatur  Agent signatur  EE IS \$: Departn  T ADDRESS  ST-ZIP  T ADDRESS  ST-ZIP  T ADDRESS  ST-ZIP  T ADDRESS  ST-ZIP                  | ine required wh | State  |               | ADDITION   | 335<br>6/00-  | GES           | Change Change Change Change | Addition                     |
| 9. AV.  SIGNATURE  9. AV.  ITILE VALUE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP   | MANAG  MGR  MITCHELL, TRUDI  750 PINECHASE COL | registered agent and title if a | FILE NO Make Check Pay  NAGERS  Delete  Delete  Delete  Delete          | E Registered  OW!!! Fi  yable to  10.  TITLE NAME STREET CITY-S  | Agent signature  Agent signature  EE IS \$: Departri  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP | ine required wh | State  |               | ADDITION   | 335<br>6/00-  | GES           | Change Change Change Change | Addition  Addition  Addition |
| 9. AV.  SIGNATURE  9. AV.  ITILE VALUE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE | MANAG  MGR  MITCHELL, TRUDI  750 PINECHASE COL | registered agent and title if a | FILE NO Make Check Pay  NAGERS  Delete  Delete  Delete  Delete          | E Registered  OW!!! Fi  yable to  10.  TITLE NAME STREET CITY-S  | Agent signature  Agent signature  EE IS \$: Departri  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP | ine required wh | State  |               | ADDITION   | 335<br>6/00-  | GES           | Change Change Change Change | Addition  Addition  Addition |