

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90124 039 \*\*\*150.00

DOCUMENT # **452590**

1. Entity Name

**HICKORY HUT RACING STABLES  
INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**151 EMERALD AVE.**

Suite, Apt. #, etc.

3. Mailing Address

**151 EMERALD AVE.**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**FORT PIERCE FL**

City & State

**FORT PIERCE FL**

4. FEI Number

**65-0003268**

Applied For

Not Applicable

Zip

**34945**

Country

**USA**

Zip

**34945**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**DENNIS JOHN**

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

**151 EMERALD AVENUE**

City

**FORT PIERCE**

FL

Zip Code

**34945**

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]*

(NOTE: Registered Agent signature required when amending)

DATE

**1/28/03**

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**OP  
DENNIS JOHN  
151 EMERALD AVE  
FORT PIERCE FL 34945**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
DENNIS NICKI M  
151 EMERALD AVE  
FORT PIERCE FL 34945**

TITLE  
NAME  
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

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

*[Signature]*

Date

Daytime Phone #

**1/28/03**

CR2E034B (12/01)