2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 AM
Secretary of State

DOCUMENT# M69005

Entity Name: S & S STABLES OF AMELIA, INC.

Current Principal Place of Business:

RTE 2 BOX 3825
HILLIARD, FL 32046 US

New Principal Place of Business:

2940 JANE LANE
HILLIARD, FL 32046 US

Current Mailing Address:

RTE 2 BOX 3825
HILLIARD, FL 32046 US

New Mailing Address:

2940 JANE LANE
HILLIARD, FL 32046 US

FEI Number: 59-2874889 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SINGLETON, SALLY
RTE 2 BOX 3825
HILLIARD, FL 32046 US

Name and Address of New Registered Agent:

SINGLETON, SALLY
2940 JANE LANE
HILLIARD, FL 32046 US

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: _____ 05/01/2002
Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: SINGLETON, SALLY RUT, H
Address: RTE 2 BOX 3825
City-St-Zip: HILLIARD, FL 32046

Title: T ( ) Delete
Name: SINGLETON, SALLY RUT, H
Address: RTE 2 BOX 3825
City-St-Zip: HILLIARD, FL 32046

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition
Name: SINGLETON, SALLY RUT, H
Address: 2940 JANE LANE
City-St-Zip: HILLIARD, FL 32046

Title: T (X) Change ( ) Addition
Name: SINGLETON, SALLY RUT, H
Address: 2940 JANE LANE
City-St-Zip: HILLIARD, FL 32046

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALLY SINGLETON PRE 05/01/2002
Electronic Signature of Signing Officer or Director — Date