

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90326 014 \*\*\*\*61.25

**DOCUMENT # NO1000003426**

1. Entity Name

**PROUD SPIRIT HORSE RESCUE, INC.**



Principal Place of Business

**45400 CLAY GULLY ROAD  
MYAKKA CITY FL 34251**

Mailing Address

**45400 CLAY GULLY ROAD  
MYAKKA CITY FL 34251**

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 **65-1103738**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HARRELL, DONALD J  
1776 RINGLING BLVD.  
SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name **Melanie Bowles**  
Street Address (P.O. Box Number is Not Acceptable)

**45400 Clay Gully**  
City **Myakka City** **FL** Zip Code **34251**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Melanie Bowles**  
Signature, typed or printed name of registered agent and title if applicable.

**NS Bowles**  
(NOTE: Registered Agent signature required when reinstating)

**President 1.24.03**  
DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **BOWLES, MELANIE S**  
STREET ADDRESS **45400 CLAY GULLY RD**  
CITY-ST-ZIP **MYAKKA CITY FL 34251**

TITLE **VTD** ☐ Delete  
NAME **BOWLES, JAMES O JR**  
STREET ADDRESS **45400 CLAY GULLY RD**  
CITY-ST-ZIP **MYAKKA CITY FL 34251**

TITLE **D** ☐ Delete  
NAME **DAVIS, MARK DVM**  
STREET ADDRESS **P.O. BOX 2410 2865 HWY 31**  
CITY-ST-ZIP **ARCADIA FL 33821**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Melanie Bowles Pres 1.24.03**  
Signature and typed or printed name of signing officer or director

CR2E037 (10/02)