

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

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90051 022 ****61.25

DOCUMENT # N01000007980 1. Entity Name THE SOUTHERN OUTRIDERS OF REDLAND FLORIDA, INC.			
Principal Place of Business		Mailing Address	
2. Principal Place of Business 24430 SW 157th Ave Suite, Apt. #, etc.		3. Mailing Address 24430 SW 157th Ave Suite, Apt. #, etc.	
City & State Homestead, FL		City & State Homestead, FL	
Zip 33031	Country	Zip 33031	Country
4. FEI Number: N/A		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALBERT, DEBORAH 137 N.W. 20 ST. HOMESTEAD, FL 33030-3224		7. Name and Address of New Registered Agent Name Lazy Blaze Stables Street Address (P.O. Box Number is Not Acceptable) 24430 SW 157th Ave City Homestead FL Zip Code 33031	
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 <u><i>Lazy Howard</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 4-29-03 <small>(NOTE: Registered Agent signature required when submitting)</small>	
FILE NOW FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
		\$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOWARD, INEZ 24430 S.W. 167 AVE. HOMESTEAD, FL 330326209	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Cribb, James 25451 SW 147 Ave Homestead, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CRIBB, DEBRA HAWK 26451 S.W. 147 AVE. HOMESTEAD, FL 330326209	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Howard Allen 24430 SW 157 th Ave Homestead, FL 33031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Lazy Howard Inez Howard</i></u>		DATE: 4-29-03	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	

CPRE007 (10/02)