2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003
Secretary of State

DOCUMENT# N98000006362

Entity Name: PINELLAS EQUESTRIAN PARK, INCORPORATED

Current Principal Place of Business:

9700 90TH AVENUE N.
LARGO, FL 33777

New Principal Place of Business:

Current Mailing Address:

9700 90TH AVENUE N.
LARGO, FL 33777

New Mailing Address:

FEI Number: 59-3546571 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLIPPIN, BARBARA
9700 90TH AVENUE N.
LARGO, FL 33777 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: FLIPPIN, BARBARA
Address: 9700 90TH AVENUE N.
City-St-Zip: LARGO, FL 33777

Title: P ( ) Delete
Name: FLIPPIN, RICHARD
Address: 3700 90TH AVE NO.
City-St-Zip: LARGO, FL 33777

Title: VD ( ) Delete
Name: BAUM, JUDY
Address: 8690 RUE CHATEAUX DR
City-St-Zip: LARGO, FL 33777

Title: D ( ) Delete
Name: BAUM, JESSEE
Address: 8690 RUE CHATEAUX DR
City-St-Zip: LARGO, FL 33777

Title: D ( ) Delete
Name: PIXLEY, DEBBIE
Address: 8657 KUMQUAT AVE
City-St-Zip: LARGO, FL 33777

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA FLIPPIN T 04/16/2003

Electronic Signature of Signing Officer or Director — Date