FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT-(UBR)

Aug 14, 2003 8:00 am Secretary of State P000000034 DOCUMENT # 08-14-2003 90074 001 ***150.00 1. Entity Name RENEGADE STABLES, INC. Mailing Address Principal Place of Business 520 HARBOR GATE WAY 520 HARBOR GATE WAY LONGBOAT KEY FL 34228-3502 LONGBOAT KEY FL 34228-3502 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0974101 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ONEIL. BECKY Street Address (P.O. Box Number is Not Acceptable) **520 HARBOR GATE WAY** LONGBOAT KEY FL 34228-3502 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Change Addition ☐ Detete NAME ONEIL. WILLIAM NAME **520 HARBOR GATE WAY** STREFT ADDRESS STREET ADDRESS LONGBOAT KEY FL 34228-3502 CITY-ST-ZIP CITY-ST-ZIP TITLE DP TITLE ☐ Addition Delete ☐ Change NAME BAX, JAMES NAME 6565 GULFSIDE DR STREET ADDRESS STREET ADDRESS LONGBOAT KEY FL 34228 CITY-ST-ZIP CITY-ST-ZIP Delete DS ☐ Change TITLE TITLE ☐ Addition LINDNER, BILL NAME NAME 2807-THOMASVILLE-RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE_FL 32312 CITY-ST-ZIP---TITLE Delete TITLE ☐ Change ☐ Addition MORRIS, BOB NAME NAME STREET ADDRESS 1400 KENILWORTH ST STREET ADDRESS SARASOTA FL 34231 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

changed, or on an attachment

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

AHachment # 80138750 P0000000 3441 WILLIAM ONEIL

Tel 941-383-9799 Fax 941-383-8477 email bill711@comcast.net

520 Harbor Gate Way Longboat Key, FL 34228-3502

August 9, 2003

Secretary of State Division of Corporations PO Box 6327 Tallahassee, Fl 32314

Re: Uniform Business Reports for Renegade Stables, doc no. P3441; FEI no. 65-0974101

Sir:

I am enclosing the 2003 Uniform Business Reports form for Renegade Stables, your letter of July 21, and our company check in the amount of \$150. We did not receive the original notice. Our failure to pay on time was inadvertent. I believe under those circumstances you can waive the \$400 late fee.

Thank you.

Very Truly Yours,

William Oneil

WOneil