

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000037709

1. Entity Name
HEADS UP STABLES INC.

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90246 043 ***150.00

Principal Place of Business

11647 59TH ST N
ROYAL PALM BEACH FL 33411

Mailing Address

11647 59TH ST N
ROYAL PALM BEACH FL 33411

00020038



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11480 59TH ST N
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Royal Palm Bch FL

City & State

Royal Palm Bch FL

4. FPI Number

05-1001419

Applied For

Not Applicable

Zip

33411

Country

Palm Bch

Zip

33411

Country

FL

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TESAURO, LINDA
11647 59TH ST N
ROYAL PALM BEACH FL 33411

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TESAURO, LINDA 11647 59TH ST N ROYAL PALM BEACH FL 33411	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Linda Tesaro - LINDA TESAURO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/01

Date

561-791-2502

Daytime Phone #

CR2E034 (10/00)