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## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 07, 2003 8:00 am Secretary of State P00000047291 DOCUMENT # 04-07-2003 90185 012 \*\*\*150.00 C&W MOUNTAIN HORSE FARM, INC. Principal Place of Business Mailing Address 3108 PROSPECT RD. 3108 PROSPECT RD. **TAMPA FL 33629** TAMPA FL 33629 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State

Brooks vi /(2 4. FEI Number City & State Applied For 59-3655940 Browlesville Not Applicable 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 2111ams, Gregore WILLIAMS, GREGORY L Street Address (P.O. Box Number is ot Acceptable) er is X 3108 PROSPECT RD. TAMPA FL 33629 Basksville Zip Code 34669 City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Director TITLE □ Delete TITLE Secretary WILLIAMS, GREGORY L NAME NAME Williams, Gragary 3108 PROSPECT RD. STREET ADDRESS STREET ADDRESS .97 Ayers Rel **TAMPA FL 33629** CITY-ST-7IP CITY-ST-ZIP pokstille D VP rector / Vice President Change TITLE Delete TITLE ☐ Addition liams, Donette L. WILLIAMS, DANETTE L NAME NAME 3108 PROSPECT RD. STREET ADDRESS STREET ADDRESS TAMPA FL 33629 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition COMPTON, WILLIAM W NAME NAME 7225 N. MOBLEY RD STREET ADDRESS STREET ADDRESS ODESSA FL 33556 CITY-ST-ZIE CITY-ST-ZIP ☑ Delete ☐ Addition TITLE TITLE Change Change COMPTONLLINDA L NAME NAME STREET ADDRESS 7225 N. MOBLEY RD. STREET ADDRESS ODESSA FL 33556 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change - Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: