

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90090 036 ***158.75

DOCUMENT # P00000065837

1. Entity Name
LONG POND STABLES, INC.



Principal Place of Business
**9666 FRONT RD.
JUPITER FL 33478**

Mailing Address
**9666 FRONT RD.
JUPITER FL 33478**



2. Principal Place of Business
9666 167th Pl. N.
Suite, Apt. #, etc.

3. Mailing Address
9666 167th Pl. N.
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
JUPITER, FL.

City & State
JUPITER, FL.

4. FEI Number **65-1024749**

Applied For
Not Applicable

Zip **33478** Country **USA**

Zip **33478** Country **USA**

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

**TEST, EDGAR O
16550 97TH WAY NORTH
PALM BCH FL 33478**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *E.O. Test*
Signature, typed or printed name of registered agent and title if applicable.

E.O. TEST
(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	TEST, EDGAR O	
STREET ADDRESS	16550 97TH WAY NORTH	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE	D	<input type="checkbox"/> Delete
NAME	TEST, MARGARET A	
STREET ADDRESS	16550 97TH WAY NORTH	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
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 or 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED E.O. TEST*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-03

561 744-6400
Date Daytime Phone #

CR2E034 (10/02)