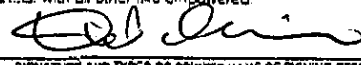


FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90324 015 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000084709			
1. Entity Name D & E STABLES, Inc.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 1941 OAKMONT TERRACE Suite, Apt. #, etc.		3. Mailing Address 1941 OAKMONT TERRACE Suite, Apt. #, etc.	
City & State CORAL SPRINGS, FL Zip 33071 Country USA		City & State CORAL SPRINGS, FL Zip 33071 Country USA	
4. FEI Number 65-1047741		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name SCHNEIDER, ETHEL			
Street Address (P.O. Box Number is Not Acceptable) 1941 OAKMONT TERRACE			
City CORAL SPRINGS FL Zip Code 33071			
DO NOT WRITE IN THIS SPACE			
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 (N/A if Registered Agent; signature required when resigning)			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒		January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$500.00 Amended UBR is \$61.25 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			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SCHNEIDER, ETHEL 1941 OAKMONT TERRACE CORAL SPRINGS, FL 33071	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SCHNEIDER, DAVID 1941 OAKMONT TERRACE CORAL SPRINGS, FL 33071	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
DO NOT WRITE IN THIS SPACE			
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 on an attachment with an address, with all other like empowered.			
SIGNATURE 		4-30-02 95f-240-2100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CR2034B (12/01)