

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90208 044 \*\*\*150.00

**DOCUMENT # P00000105296**

**1. Entity Name**  
**LOCKHART MOUNTAIN STABLES, INC.**



**Principal Place of Business**  
**11380 PROSPERITY FARMS ROAD**  
**SUITE 201**  
**PALM BEACH GARDENS FL 33410**

**Mailing Address**  
**11380 PROSPERITY FARMS ROAD**  
**SUITE 201**  
**PALM BEACH GARDENS FL 33410**

**2. Principal Place of Business**

**3. Mailing Address**

*14639 Crazy Horse Lane*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*PB Gardens, FL 33418*

Zip

Country

Zip

Country

*USA*

**4. FEI Number** **65-1058048**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**HELGESEN, ANDREW**  
**11380 PROSPERITY FARMS ROAD**  
**SUITE 201**  
**PALM BEACH GARDENS FL 33410**

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**

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

(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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MULLANEY, DEBORAH A</b>	
STREET ADDRESS	<b>5089 MISTY MORN ROAD</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33418</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MULLANEY, DONALD J</b>	
STREET ADDRESS	<b>5089 MISTY MORN ROAD</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33418</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>14639 Crazy Horse Lane</i>	
CITY-ST-ZIP	<i>Palm Beach Gardens, FL 33418</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>14639 Crazy Horse Lane</i>	
CITY-ST-ZIP	<i>Palm Beach Gardens, FL 33418</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/10/03*

*5616180664*

Date

Daytime Phone #

CR2E034 (10/02)