

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000110825

1. Entity Name

GARDEN STABLES, INC.

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 91104 030 ***150.00

Principal Place of Business

Mailing Address

3525 COREY RD.
MALABAR FL 32950

3525 COREY RD.
MALABAR FL 32950

548771



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Garden Stables, Inc.

Suite, Apt. #, etc.

3. Mailing Address

3525 Corey Rd.

Suite, Apt. #, etc.

City & State

Malabar, FL

City & State

Malabar, FL 32950

4. FEI Number

59-368 7719

Applied For

Not Applicable

Zip

32950

Country

U.S.A.

Zip

32950

Country

Brevard

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

SCHILLINGER, CHARLES A ESQ.
1329 BEDFORD DR., STE. 1
MELBOURNE FL 32940

Name

N/A

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.

N/A

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 ☐ Delete
NAME D
STREET ADDRESS SHELDON, PAULA
CITY-ST-ZIP 3525 COREY RD.
MALABAR FL 32950

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)