

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

FILED
Sep 19, 2002 8:00 am
Secretary of State

09-19-2002 90157 037 ***150.00

DOCUMENT # **P01000003819**

1. Entity Name

WINTER PARK STABLES, INC.

DO NOT WRITE IN THIS SPACE

B0139464

2. Principal Place of Business

PO Box 1025

3. Mailing Address

PO Box 1025

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

SORRENTO, FL.

SORRENTO, FL.

4. FEI Number

59-3720320

Applied For

Not Applicable

32776

Country

32776

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **AOWN MARCOW**

Street Address (P.O. Box Number is Not Acceptable)

24925 HWY 46

SORRENTO

FL

32776

**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.

(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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
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 **AOWN MARCOW**
NAME **PO Box 1025**
STREET ADDRESS **SORRENTO, FL 32776**
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/17/02 (352)455-7111

CR2E034B (12/01)

Attachment

P01000003819

.WINTER PARK STABLES INC

*DIVISION OF CORPORATIONS
P.O.BOX 6327
TALLAHASSEE, FLORIDA 32314*

09/16/2002

DEAR SIR/ MADAM,

*I WANT TO THANK YOU FOR YOUR PROMPT
RESPOND AND MAILING THE RENEWAL FORMS.*

*WE HAVE NEVER RECEIVED THE RENEWAL FORMS,
THAT'S WHY I CONTACTED YOUR OFFICE ON 09/12/2002 TO
INFORM YOU WITH MY PROBLEM, SEVERAL TIMES OUR POST
OFFICE HAS PUT OUR MAIL AND OTHER MAIL IN THE WRONG
BOXES, AND THE PEOPLE NEVER GAVE US THE MAIL AS THEY
SHOULD.*

*I AM TRYING TO EXPLAIN MY SITUATION AND ASK
FOR YOUR HELP, AND UNDERSTANDING IN THIS MATTER..*

SINCERELY YOURS.


*MAROUN AOUN
PRESIDENT.*

925 CR 46 . SORRENTO, FLORIDA 32776PHONE/352-4557177FAX/352-3830992