

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

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90360 047 ***150.00

DOCUMENT # **P01000009823**

1. Entity Name

MAGNOLIA STABLES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9238 Ft King Rd.

Suite, Apt. #, etc.

3. Mailing Address

6850 Living Water R

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Dade City FL

City & State

Tampa FL

4. FEI Number

59-3694889

Applied For

Not Applicable

Zip

33525

Country

USA

Zip

33610

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

SPIEGEL + UTRERA PA

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

343 Almerfa Ave

City

CORAL GABLES

FL

Zip Code

33143

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 to 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 **DPS**
NAME **Belinda Clark**
STREET ADDRESS **9238 Ft King Rd**
CITY-ST-ZIP **Dade City FL 33525**

TITLE **DVT**
NAME **Ronald H Clark**
STREET ADDRESS **9238 Ft King Rd**
CITY-ST-ZIP **Dade City FL 33525**

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**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)(f), 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

4/16/02

Date

813.728.7041

Daytime Phone #

CR2034B (12/01)