
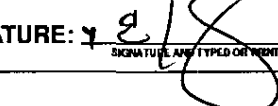


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91844 040 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000021639			
1. Entity Name SYSTEM STABLES, INC.			
Principal Place of Business 1405 NW 78TH AVENUE SUNRISE, FL 33351		Mailing Address 1405 NW 78TH AVENUE SUNRISE, FL 33351	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
Zip		Country	
4. FEI Number 65-1081960		Applied For Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEE, EUFORD 1405 NW 78TH AVENUE SUNRISE, FL 33351		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 721 N Pine Island Rd, #213 City Plantation FL Zip Code 33324	
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 		DATE 4/28/03	
FILE NOW! FEE IS \$100.00 After May 1, 2003 Fee will be \$660.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
VP SAMPSON, VERNAL 7630 ATLANTA STREET HOLLYWOOD, FL 33024		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
ST RHODEN, VINCENT 631 SW 67 AVENUE PEMBROKE PINES, FL 33023		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D LEE, EUFORD 1405 NW 78TH AVENUE SUNRISE, FL 33351		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 		DATE 4/24/03	

CR2E034 (10/02)

Attachment

70051259

P01000021639

System Stables, Inc.

721 N Pine Island Road, Apt. #213, Plantation, FL 33324

Telephone (954) 520-1846

April 24, 2003

Secretary of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Document #P01000021639, Renewal

Dear Madam:

Please be advised that I have not received my Annual Business Report package again this year and now I am submitting the renewal from a downloaded copy obtained from your website. I am enclosing a check for \$150.00 renewal fee. Also please note that there is an address change as follows: 721 N Pine Island Road, Apt #213, Plantation, FL 33324. Thank you.

Yours truly,



Euford Lee
President