

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90123 021 ***150.00

0142505 AT

DOCUMENT # P01000029199

1. Entity Name

STEELHORSE ENTERPRISES, INC.



Principal Place of Business

**P.O. BOX 3088
HOLIDAY FL 34690**

Mailing Address

**P.O. BOX 3088
HOLIDAY FL 34690**

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

59-3706522

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HANLEY, DANIEL J
7241 DEERFIELD DR
PORT RICHEY FL 34668**

7. Name and Address of New Registered Agent

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 \$550.00

**After September 10, 2003 Fee will be \$750.00
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 ☐ Delete
NAME **P**
STREET ADDRESS **ANSON, RUSSELL A**
CITY-ST-ZIP **1627 BELLTOWER DR
NEW PORT RICHEY FL 34655**

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

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **ANSON, KATHRYN E**
CITY-ST-ZIP **1627 BELLTOWER DR
NEW PORT RICHEY FL 34655**

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

TITLE ☐ Delete
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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

Date

Daytime Phone #

7/17/03 727-375-8281

CR2E034 (4/03)

Attachment #

July 17, 2003

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302

90144957
PO1000029199

Just received document in mail for refiling corp. name.

I have received no other report.

Filed and sent payment 3/10/03 check # 2887, thought that was for my business name.

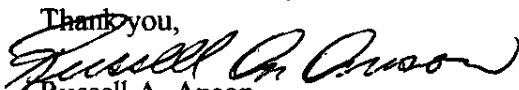
Clerk explained that it was for Fictitious name filing.

2 separate reports have been filed with the U.S. Postal service pertaining to undelivered mail. (you may check under Russell A. Anson P.O. Box 3088 Holiday, FL 34690)

We are on the road traveling weekly to various motorcycle shows throughout the country and mail delivery is always a problem.

Request that late fee be waived.

Thank you,



Russell A. Anson
P.O. Box 3088
Holiday, FL. 34690