

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2002 8:00 am**  
**Secretary of State**

07-18-2002 90133 029 \*\*\*150.00

**DOCUMENT # P01000034951**

1. Entity Name

**HAPPY HORSE POWER, INC.**

Principal Place of Business

**12274 S.W. 50TH STREET  
COOPER CITY FL 33330**

Mailing Address

**12274 S.W. 50TH STREET  
COOPER CITY FL 33330**

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

**65-1092057**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**VENDRYES, FREDERICK M  
12274 S.W. 50TH STREET  
COOPER CITY FL 33330**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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

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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VENDRYES, FREDERICK M</b> <b>12274 S.W. 50TH STREET</b> <b>COOPER CITY FL 33330</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Signature Phone #

CR2E034 (4/02)

*Attachment* *P01000034951* *B0130171*  
**Watson & Company, P.A.**

Certified Public Accountants

The Chasyn Building  
20401 N.W. 2nd Avenue, Suite 300  
(State Road 441)  
Miami, Florida 33169  
(305) 653-8865  
(305) 653-8866  
Fax: (305) 654-7751  
Broward: 524-0122

watsonpa@aol.com  
watsonpa@bellsouth.com

July 15, 2002

Florida Department of State  
Division of Corporations  
Annual reports Filing  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Re: Happy Horse Power, Inc.  
Document no. P01000034951

Dear Sir/Madam:

We are the Accountants and Power of Attorney for the above captioned corporation.

It is our understanding that they did not receive the original packet, and is therefore requesting that you examine your mailing records which should clarify the non-receipt.

On our client's behalf we are enclosing check no. 1045 in the amount of \$150.00 as filing fee for the year 2002 annual report. We are also requesting an abatement of any penalty due to the non-receipt of the original report packet.

Should you have any questions, please do not hesitate to contact the undersigned.

Sincerely,  
WATSON & COMPANY, P.A.

*Nadine Wilson*

for  
Pamella B. Watson, CPA  
President

PW/nw

enc.