2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) P01000075355 DOCUMENT # 1. Entity Name MARC-TODD STABLES, INC.

FILED Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90223 035 ***150.00

						100 W	14.5						
Principal Place of Business 2920 N.E. 41ST STREET FT LAUDERDALE FL 33308			Mailing Address 2920 N.E. 41ST STREET FT LAUDERDALE FL 33308										
2. Principal P	lace of Busir	ness	3. Mailing Address										-=
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					الرسيد	CHECK HERE IF	MAKING (CHANGES		
City & Stat	e		City & State					4. FEI Number 65-1126427				plied For t Applicable	<u></u>
Zip		Country	Zip Cou			5. Certificate of Statu			Certificate of Status Desired		8.75 Add		1
	6. Name	and Address of Current F	Registered Agent				7. Name and Address of New Registered Agent						
						Name							ł
	HAROLD F					Street Address (P.O. Box Number is Not Acceptable)							
FT LAUDERDALE FL 33308											,		
						City				FL	Zip Code	9	
	named entit ions of regist		the purp	ose of changing its	registere	ed office or	registere	d age	ent, or both, in the State of Floric	a. I am far	niliar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if app	licable. (NOTE	: Registere	d Agent signatu	re required w	hen re	einstating)	DATE			
		! FEE IS \$150.00 3: Eee:will-be:\$550.00=							9. Election Campaign Finar	cing		0 -мау.Ве].
		Florida Department of		~					Trust Fund Contribution.		Added	to Fees	
10. 💃		OFFICERS AND	DIRECTO	RS	11.			AD	DITIONS/CHANGES TO OFFICE	RS AND D	IRECTORS	3 IN 11	١,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERMAN, HAROLD R s 2920 N.E. 41ST STREET FT LAUDERDALE FL 33308			☐ Delete						[☐ Change	☐ Addition	00,07,100
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·			☐ Delete				********			_ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CITY	E Et address -st-zip					_] Change	Addition	
12. I hereby of indicated	ertify that the on this repor	e information supplied with t or supplemental report is	tnis filing true and	does not qualify for accurate and that m	the exei ny signat	mption state ure shall ha	ed in Sec ave the sa	tion 1 ame l	119.07(3)(i), Florida Statutes. I fu legal effect as if made under oat	rtner certify h; that I am	that the ir an officer	normation 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 changed, or on an attachment with an address, with all other like empowered.