SUITE 8-1

HORSES ETC., INC.

9318 EAST COLONIAL DRIVE

FILED 2003 FOR PROFIT CORPORATION Apr 04, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) P01000102253 **DOCUMENT #** 1. Entity Name 04-04-2003 90131 027 ***150.00 Principal Place of Business Mailing Address

9318 EAST COLONIAL DRIVE

SUITE B-1

CHECK HERE IF MAKII	NG CHA									
59-3753093		plied For								
Certificate of Status Desired	Not Applicable 75 Additional Required									
Name and Address of New Registered Agent										
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lox Number is Not Acceptable)										
F		Zip Code								
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ent, or both, in the State of Florida. I an sinsiating) DATE 9. Election Campaign Financing Trust Fund Contribution.	m famili	\$5.0	O May Be							
ent, or both, in the State of Florida. I an sinstating) DATE 9. Election Campaign Financing	m famili	\$5.0	O May Be							

ORLANDO FL	32817		ORLANDO FL 32817										
2. Principal Place of Business			3. Mailing Address						UP 1115 W W W W 12 W 15 W W W W W W W W W W W W W W W W W	EL QUEEL QUELLE FLORIL D	EILE	04 5 1100 1111 1051	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES					
City & State			City & State			4	4. FEI Number 59-3753093				Applied For Not Applicable		
Zip	Zip Country			Zip Cour			try 5. Certificate of Statu			tatus Desired S8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent						
The second secon					·	Name							
MITCHELL, JOYCE A 522 HALLOWELL CIRCLE					Street Address (P.O. Box Number is Not Acceptable)								
ORLANDO		ICLE					··						
:						City				FL	Zip Co		
	named entit ions of regist	y submits this statement for ered agent.	r the purpo	ose of changing its	registere	ed office or	registered	agent, or bot	h, in the State o	f Florida. I am f	amiliar wit	h, and accept	
SIGNATURE .	Signature, typed	or printed name of registered agent a	and title if appli	cable. (NOTE	: Registere	d Agent signate	ure required whe	en reinstating)		DATE			
After	May 1, 200	! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department of	State			24		l l	ection Campaign est Fund Contrib			.00 May Be led to Fees	
10.		OFFICERS AND	DIRECTOR	₹S	11.			ADDITIONS/	CHANGES TO	OFFICERS AND	DIRECTO	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	522 HALL	, JOYCE A OWELL CIRCLE FL 32828		☐ Delete							☐ Chang	e	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MITCHELL 522 HALL	" ROBERT V OWELL CIRCLE) FL 32828		□ Delete	TITLE NAM STRE						☐ Chang	e 🔲 Addition	
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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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP