


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2003 8:00 am
Secretary of State

07-09-2003 90044 005 ***550.00

0080708 AV

DOCUMENT # P01000117736	
1. Entity Name MARY-GO-ROUND HORSES, INC.	

Principal Place of Business 2125 ADELIA BLVD DELTONA FL 32725	Mailing Address 2125 ADELIA BLVD DELTONA FL 32725
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2. Principal Place of Business 5660 JOHNSON LAKE ROAD	3. Mailing Address 5660 JOHNSON LAKE ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State DELEON SPRINGS, FL	City & State DELEON SPRINGS, FL
Zip 32130	Zip 32130
Country VOLUSIA	Country VOLUSIA

4. FEI Number 59-3760644	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BALDAUFF, STEPHEN R 2125 ADELIA BLVD DELTONA FL 32725	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5660 JOHNSON LAKE ROAD City DELEON SPRINGS FL Zip Code 32130
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALDAUFF, STEPHEN R 2125 ADELIA BLVD DELTONA FL 32725 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BALDAUFF, STEPHEN R. 5660 JOHNSON LAKE ROAD DELEON SPRINGS, FL 32130 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALDAUFF, MILDRED M 2125 ADELIA BLVD DELTONA FL 32725 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BALDAUFF, MILDRED M. 5660 JOHNSON LAKE ROAD DELEON SPRINGS, FL 32130 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALDAUFF, MARY E 2125 ADELIA BLVD DELTONA FL 32725 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BALDAUFF, MARY E. 5660 JOHNSON LAKE ROAD DELEON SPRINGS, FL 32130 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 	REQUIRED	Date 7/3/03	Daytime Phone # 386-748 0837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (10/02)