

FILED

03 OCT 16 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000042265					
1. Entity Name INDIAN RIVERS HORSES, INC.					
Principal Place of Business 1090 CAPISTRANO WESTON, FL 33326			Mailing Address 1090 CAPISTRANO WESTON, FL 33326		
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 41-2037930	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AZPURUA, MANUEL 1090 CAPISTRANO WESTON, FL 33326			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 _____ (NOTE: Registered Agent's signature required when submitting)					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	NAME				
NAME	STREET ADDRESS				
STREET ADDRESS	CITY-ST-ZIP				
CITY-ST-ZIP	Delete ☐				
TITLE	NAME				
NAME	STREET ADDRESS				
STREET ADDRESS	CITY-ST-ZIP				
CITY-ST-ZIP	Delete ☐				
TITLE	NAME				
NAME	STREET ADDRESS				
STREET ADDRESS	CITY-ST-ZIP				
CITY-ST-ZIP	Delete ☐				
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TITLE	NAME				
NAME	STREET ADDRESS				
STREET ADDRESS	CITY-ST-ZIP				
CITY-ST-ZIP	Delete ☐				
TITLE	NAME				
NAME	STREET ADDRESS				
STREET ADDRESS	CITY-ST-ZIP				
CITY-ST-ZIP	Delete ☐				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
Change ☐ Addition ☐					
10/16/03--01073--007 **150.00					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 179.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

REINSTATEMENT 03

☐ CHECK HERE IF MAKING CHANGES

CP2E034 (10/02)

**INDIAN RIVERS HORSES, INC.
1090 CAPISTRANO
WESTON, FL 33326**

October 14, 2003

Uniform Business Report
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

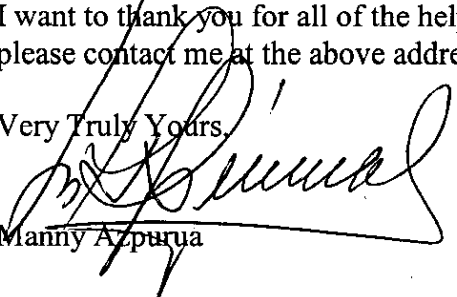
RE: INDIAN REIVERS HORSES, INC.
FEIN # 41-2037930

Dear Sir or Madam:

Enclosed please find a Uniform Business Form for Indian Rivers Horses, Inc. The company never received the original UBR for 2003. I called your office today and discussed this problem. Pursuant to that conversation I am respectfully asking for an abatement of penalties. Also please find enclosed a check in the amount of \$150 for the year 2003.

I want to thank you for all of the help that was given to me. If you have any questions, please contact me at the above address.

Very Truly Yours,



Manny Azpurua