## 2003 FOR PROFIT CORPORATION

UN	IFORM BUSINE	SS REPO	RT (UBI	₹)	Apr	10, 2003	יט:ס כ	v am
DOCUMENT # P0200065114  1. Entity Name STEEPLECHASE ENTERPRISES, INC.					Secretary of State 04-18-2003 90451 013 ***150.00			
Principal Plac 743 CRUISER NORTH PALM	FL 33408		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
2. Principal Place of Business 4300 US HIGHWAY 4300 US Suite, Apt. #, etc. SUITE 203—140. SUITE 203				JAY	CHECK HERE IF MAKING CHANGES			
City & Stat	PITER FL	City & State  JUPITE	ER		4. FEI Number 04	70681	No	plied For t Applicable
<sup>zi</sup> 33ા	6. Name and Address of Current	33477	Country		Certificate of Status     Name and Address		\$8.75 Add	
MCCULLOUGH, CAROL 743 CRUISER RD. NORTH PALM BEACH FL 33408				Name Street Address (P.O. Box Number is Not Acceptable)  City  Zip Code				
the obligat SIGNATURE F After	named entity submits this statement for ions of registered agent.  Signature, typed or printed name of registered agent of the control of the	Culleryh ind title if applicable. (Ne	its registered office	-	vhen reinstating)	P-(1-07 DATE	\$5.0	O May Be
10.	OFFICERS AND		11.		ADDITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS	2 (N 1.1
TITLE WAME STREET ADDRESS CITY-ST-ZIP	D MCCULLOUGH, CAROL 743 CRUISER RD. NORTH PALM BEACH FL 33408	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s	ADDITIONS/GITANGE	3 TO OFFICENS AND	☐ Change	Addition
TITLE NAME Street address City-St-Zip	3	□ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s			☐ Change	☐ Addition
ITLE - NAME STREET ADDRESS CITY-ST-ZIP		Delete,- >	NAME STREET ADDRES CITY-ST-ZIP	S .	-		Change	Addition
TITLE NAME STREET ADDRESS SITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6			☐ Change	Addition
ITLE NAME STREET ADDRESS SITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5			Change	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.

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

☐ Change

☐ Addition