2003 FOR PROFIT CORPORATION

Mar 12, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) P02000095619 DOCUMENT # 03-12-2003 90135 044 ***150.00 1. Entity Name WHOLE HORSE MASSAGE, INC. Mailing Address Principal Place of Business 5436 FRUITVILLE RD PMB 113 5436 FRUITVILLE RD PMB 113 SARASOTA FL 34232 SARASOTA FL 34232 3. Mailing Address 2. Principal Place of Business ☐ CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 56-229 105 City & State Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SILVERSTEIN, BETHLYN Street Address (P.O. Box Number is Not Acceptable) 5436 FRUITVILLE RD PMB 113 SARASOTA FL 34232 Zip Code City 8. The above named thitty 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition ☐ Change TITLE Delete TITLE NAME SILVERSTEIN, BETHLYN NAME STREET ADDRESS 5436 FRUITVILLE RD PMB 113 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34232 ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . Addition. . ☐ Change ... TITLE 7 15 Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change · 🔲 Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIF ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 prostee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if observed or one attachment with first address with all other like appearance.

SIGNATURE:

address, with all other

FILED