

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED ATX1
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # P07000042676	
1. Entity Name	
C E HAYWOOD STABLES INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4248 HILLWOOD RD Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State JACKSONVILLE, FL		City & State	
Zip 32223	Country	Zip	Country

4. FEI Number 20-8931948	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent	
Name WOOD, JOHN E., JR	
Street Address (P.O. Box Number is Not Acceptable) 4248 HILLWOOD RD.	
City JACKSONVILLE	FL Zip Code 32223

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, JOHN E., JR 4248 HILLWOOD RD JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAISLIP, CHRISTINA L. 450-106 SR 13 NORTH #135 JACKSONVILLE, FL 32259
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **JOHN E. WOOD, JR**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/2008 904 292-0372
Date Daytime Phone #