

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90312 036 \*\*\*150.00

0127089 AT

**DOCUMENT # P93000026063**

1. Entity Name  
**SHANE STABLE, INC.**



Principal Place of Business  
**4040 W. HWY. 441  
PLYMOUTH FL 32768-0575**

Mailing Address  
**P.O. BOX 575  
PLYMOUTH FL 32768-0575**



2. Principal Place of Business

3. Mailing Address

**33830 GRAND CHAMPION LN**

**#1407 BELMONT DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**EUSTIS FLORIDA**

City & State  
**Orlando FLORIDA**

4. FEI Number  
**59-3173314**

Applied For  
Not Applicable

Zip  
**32736**

Country  
**LAKE**

Zip  
**32806**

Country  
**ORANGE**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONNELLY, SHANE  
4040 W. HWY. 441  
PLYMOUTH FL 32768-0575**

Name  
**SHANE CONNELLY, SHANE**  
Street Address (P.O. Box Number is Not Acceptable)  
**1407 BELMONT DR**

**Orlando**

**FL**

Zip Code  
**32806**

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  
**SHANE CONNELLY**

(NOTE: Registered Agent signature required when reinstating)

**SEPT 5, 03**

DATE

**FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
CONNELLY, SHANE  
4040 W. HWY. 441  
PLYMOUTH FL 32768-0575**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
CONNELLY, SHANE  
1407 BELMONT DRIVE  
Orlando FL 32806**

TITLE  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-5-03 407-761-2969**

Date

Daytime Phone #

CR2E034 (4/03)

Attachment  
80145814  
#P93000026063

SEPT 5, 2003

DIVISION OF CORPORATIONS  
P O Box 1500  
TALLAHASSEE, FL 32302-1500

TO WHOM IT MAY CONCERN:

THE ENCLOSED FORM IS THE FIRST MAILING I  
HAVE RECEIVED.

THE CURRENT OWNERS OF REAL ESTATE KNOWN  
AS 4040 W Hwy 441, Plymouth, FL. 32768 ARE  
USING PO BOX 475, Plymouth, FL. 32768-0475.  
MAIL IS FREQUENTLY "CONFUSED" BY POSTAL EMPLOY-  
EES.

I ENCLOSED OK # 2581 IN THE AMT. OF \$150.00.

THANK YOU FOR UNDERSTANDING AND PLEASE SEE  
NEW PHYSICAL LOCATION FOR SHANE STABLE, INC.

Thank You,

SHANE COMBEE