

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 17, 2000 08:00 AM****Secretary of State****DOCUMENT # P93000060376****1. Entity Name**

CENTRAL FLORIDA EQUINE SERVICES, P.A.

Principal Place of Business

26449 SAVAGE CIR

HOWEY IN THE HILLS
34737

FL

Mailing Address

26449 SAVAGE CIR

HOWEY IN THE HILLS
34737

FL

2. Principal Place of Business

9425 W. LIBBY RD.

Suite, Apt. #, etc.

3. Mailing Address

9425 W. LIBBY RD.

Suite, Apt. #, etc.

City & State

CLERMONT

FL

Zip
34711

Country

City & State

CLERMONT

FL

Zip
34711

Country

4. FEI Number**59-3198138****Applied For**☐ Not Applicable**5. Certificate of Status Desired**☒**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentSTOKES BERYL NIII
1035 W DIXIE AVELEESBURG
34748

US

FL

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.**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

02/17/2000

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)**☒**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State****10. Election Campaign Financing
Trust Fund Contribution.**☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE D ☐ Delete
NAME JOHNSON CHARLES HJR
STREET ADDRESS 26449 SAVAGE CIR
CITY-ST-ZIP HOWEY IN THE HILLS FL 34737TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
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CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE DR. ☒ Change ☐ Addition
NAME JOHNSON CHARLES HJR
STREET ADDRESS 9425 W. LIBBY RD.
CITY-ST-ZIP CLERMONT FL 34711TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE:** Charles H. Johnson, Jr. DVM

PRES. 02/17/2000