2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # P9500005442 Mar 14, 2000 8:00 am **Secretary of State** ROLLING ROCK STABLES, INC. 03-14-2000 90023 048 ***150.00 Mailing Address Principal Place of Business 5605 SW RANCHITO ST 5605 SW RANCHITO ST PALM CITY FL 34990-5257 PALM CITY FL 34990 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0577470 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBERTO, RALPH C Street Address (P.O. Box Number is Not Acceptable) 5605 SW RANCHITO ST PALM CITY FL 34990 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition TITLE TITLE ☐ Delete ROBERTO, RALPH C NAME NAME 5605 SW RANCHITO ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL 34990 ☐ Addition Change TITLE Delete TITLE. ZAPPALA, MAUREEN O NAME NAME STREET ADDRESS 5584 SW QUAIL HOLLOW ST STREET ADDRESS PALM CITY FL 34990 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE TITLE ROBERTO, SUE 5665 S.W. RANCHITOST RALMCITY FLURIDA STEINHOF, SUE NAME

NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby 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 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.

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