

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 26, 2002 8:00 am  
Secretary of State

02-26-2002 90094 025 \*\*\*150.00

**DOCUMENT # P95000084457**

1. Entity Name

**FAUST STABLES, LTD. INC.**

Principal Place of Business

**C/O FRANK F. FEROLA  
144 JUPITER KEY ROAD  
JUPITER FL 33477**

Mailing Address

**C/O FRANK F. FEROLA  
106 OLYMPUS WAY  
JUPITER FL 33477**

2. Principal Place of Business

3. Mailing Address *C/O*

**RICHARD MACKIN**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**8896 SE HARBOR ISLAND WM**

City & State

City & State

**HOBE SOUND, FL**

Zip

Country

Zip

**33455**

Country

**MARTIN**

4. FEI Number

**65-0619681**

Applied For

Not Applicable

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

**FEROLA, FRANK F  
144 JUPITER KEY ROAD  
JUPITER FL 33477**

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)

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete  
NAME **FEROLA, FRANK F**  
STREET ADDRESS **144 JUPITER KEY ROAD**  
CITY-ST-ZIP **JUPITER FL**

TITLE **D** ☐ Change ☒ Addition  
NAME **MACKIN, SANTANA**  
STREET ADDRESS **8896 SE HARBOR ISLAND WAY**  
CITY-ST-ZIP **HOBE SOUND, FL 33455**

TITLE **S** ☒ Delete  
NAME **FEROLA, ANNE**  
STREET ADDRESS **106 OLYMPUS WY**  
CITY-ST-ZIP **JUPITER FL 33477**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DV** ☐ Delete  
NAME **MACKIN, RICHARD**  
STREET ADDRESS **8896 SE HARBOR ISLAND WAY**  
CITY-ST-ZIP **HOBE SOUND FL**

TITLE **DVS** ☒ Change ☐ Addition  
NAME **MACKIN, RICHARD**  
STREET ADDRESS **8896 SE HARBOR ISLAND WAY**  
CITY-ST-ZIP **HOBE SOUND, FL 33455**

TITLE **D** ☐ Delete  
NAME **FEROLA, VERA**  
STREET ADDRESS **144 JUPITER KEY RD**  
CITY-ST-ZIP **JUPITER FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **~~MACIN, SANTANA~~**  
STREET ADDRESS **~~8896 SE HARBOR ISLAND WAY~~**  
CITY-ST-ZIP **~~HOBE SOUND, FL 33455~~**

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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:

**SIGNATURE REQUIRED RICHARD F. MACKIN**

Date

Daytime Phone #

**2/8/02 561-379-2190**

CR2E034 (9/01)