

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P95000085240**

1. Entity Name  
**GREENBRIAR STABLES, INC.**



Principal Place of Business  
3203 MCDANIEL RD  
PERRY FL 32347

Mailing Address  
3203 MCDANIEL RD  
PERRY FL 32347

2. Principal Place of Business  
**3311 M<sup>o</sup> DANIEL Rd**

3. Mailing Address  
**1153 FAIRVIEW DR**

Suite, Apt. #, etc.

City & State  
**Perry FL**

City & State  
**Perry, FL**

Zip  
**32347**

Zip  
**32347**

Country  
**USA**

Country

6. Name and Address of Current Registered Agent

ANDREWS, DALE  
MCDANIEL ROAD  
PERRY FL 32347

7. Name and Address of New Registered Agent

Name **Debbie Andrews**

Street Address (P.O. Box Number is Not Acceptable)

**3311 M<sup>o</sup> DANIEL Rd**

City **Perry**

Zip Code **32347**

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 **Debbie Andrews - President**

**4-20-03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

After May 1, 2003 Fee will be \$550.00

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 **PSTD**  
NAME **ANDREWS, DEBBIE**  
STREET ADDRESS **RT 5 BOX 497**  
CITY-ST-ZIP **PERRY FL 32347**

Delete

TITLE **PSTD**  
NAME **Andrews, Debbie**  
STREET ADDRESS **1153 FAIRVIEW DR**  
CITY-ST-ZIP **Perry, FL 32347**

Change

Addition

TITLE **VD**  
NAME **ANDREWS, DALE**  
STREET ADDRESS **RT 5 BOX 497**  
CITY-ST-ZIP **PERRY FL 32347**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

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Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

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: **Debbie Andrews**

**4-20-03 850 584-2088**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0049715  
AV

CR2E034 (10/02)