

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90095 009 ***150.00

UBR J AI

DOCUMENT # P96000025061

1. Entity Name
STEWBALL STABLES, INC.

Principal Place of Business Mailing Address
3550 SW 210 AVE **3550 SW 210 AVE**
DUNNELLON FL 34431 **DUNNELLON FL 34431**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
3550 SW 210 AVE **3550 SW 210 AVE.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
DUNNELLON FL. **DUNNELLON FL.**
 Zip Country Zip Country
34431 **U.S.A.** **34431** **U.S.A.**

4. FEI Number Applied For
65-0652164 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

COLLI, DONNA
3550 SW 210 AVE
DUNNELLON FL 34431

Name **DONNA Colli**
 Street Address (P.O. Box Number is Not Acceptable)
3550 SW 210 AVE.
 City **DUNNELLON** FL Zip Code **34431**

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 *Donna Colli* DATE **2-5-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	P COLLI, DONNA 3550 SW 210 AVE DUNNELLON FL 34431	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: *Donna Colli Pres.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)