FILED

T. Abbondolo 1-10-01 (352)-465-1467

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 29, 2001 8:00 am Secretary of State DOCUMENT # P96000089532 TRE-COLORE STABLES, INC. 01-29-2001 90203 010 ***150.00 Principal Place of Business Mailing Address 8745 S.W. 211TH CIRCLE 8745 S.W. 211TH CIRCLE ATTN: ROCCO T. ABBONDOLO ATTN: ROCCO T. ABBONDOLO 00010411 **DUNNELLON FL 34431-5636 DUNNELLON FL 34431-5636** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3417511 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ABBONDOLO, ROCCO T Street Address (P.O. Box Number is Not Acceptable) 8745 S.W. 211TH CIRCLE **DUNNELLON FL 34431-5636** City 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 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 filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. DCEO TITLE ☐ Delete TITLE Change Addition NAME PAINI, AUGUSTO NAME STREET ADDRESS 8865 S.W. 211TH CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DUNNELLON FL 34431-5636** TITLE ☐ Delete ☐ Change ☐ Addition NAME SCHROEDER, JOHN H NAME STREET ADDRESS 9543 S.W. 207TH CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DUNNELLON FL 34431-5824** TITLE - - Delete TITLE- -☐ Change — ☐ Addition NAME ABBONDOLO, ROCCO T NAME STREET ADDRESS 8745 S.W. 211TH CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DUNNELLON FL 34431-5636** Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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.