

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90134 031 ***150.00

DOCUMENT # P97000037109

1. Entity Name
FLORIDA HORSE FARM, INC.



Principal Place of Business
~~28000 SPANISH WELLS BLVD~~
~~#200~~
~~BONITA SPRINGS FL 34135~~
~~US~~

Mailing Address
P O BOX 279
BONITA SPRINGS FL 34135
US



2. Principal Place of Business
15170 N MALLARD LN

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
FT. MYERS, FL

City & State

4. FEI Number **65-0750387**

Applied For

Not Applicable

Zip
33913

Country
USA

Zip

Country

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

~~AMBURN, JAMES W.~~
~~28000 SPANISH WELLS BLVD~~
~~STE 200~~
~~BONITA SPRINGS FL 34135~~

Name **ALLURE ACCOUNTING, LLC**
Street Address (P.O. Box Number is Not Acceptable)
28000 SPANISH WELLS BLVD
City **BONITA SPRINGS** **FL** Zip Code **34135**

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 *J. H. H. H.*
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 **DPVT** ☐ Delete
NAME **HEGI, PETRA**
STREET ADDRESS **15170 N Mallard LN**
CITY-ST-ZIP **FORT MYERS FL 33913**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *SIGNATURE REQUIRED PETRA HEGI*
SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR

03/11/03 **239-992-3355**
Date Daytime Phone #

CR2E034 (10/02)