2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P97000044453

1. Entity Name JOHN S. PREGMAN, JR. THOROUGHBRED RACING STABLE.

Country



Principal Place of Business 810 N. E. 26TH AVENUE HALLANDALE FL 33009-2939

INC.

Zip

SIGNATURE

Mailing Address P.O. BOX 85116

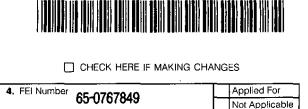
HALLANDALE FL 33008

Zip

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	



05-05-2003 90231 024 ***150.00



6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PREGMAN, JOHN S JR Street Address (P.O. Box Number is Not Acceptable) 810 N.E. 26TH AVENUE HALLANDALE FL 33008 City Zip Code FL

Country

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.		

(NOTE: Registered Agent signature required when reinstating)

	~
ED # 11014111 FEB 10 A410 00	
FILE NOW!!! FEE IS \$150.00	
After May 1, 2003 Fee will be \$550.00	
Arter may 1, 2000 1 ce will be \$550.00	
Make Check Payable to Florida Department of Sta	ıte

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

9. Election Campaign Financing Trust Fund Contribution.

5. Certificate of Status Desired > - - -

\$5.00 May Be Added to Fees

\$8.75 Additional

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE ☐ Delete TITLE Change PREGMAN, JOHN S JR. NAME NAME 810 N. E. 26TH AVENUE STREET ADDRESS STREET ADDRESS HALLANDALE FL 33009-2939 CITY-ST-ZIP CITY-ST-7IP ☐ Defete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE Change 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 ☐ Delete TITLE ☐ Change TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

SIGNATURE: