

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

FILED
Feb 21, 2003 8:00 am
Secretary of State

2/3/03

02-03-2003 90116 006 ***150.00

DOCUMENT # P97000059187



1. Entity Name
DOUBLE M RACING STABLE, INC.

Principal Place of Business
**CALDER RACE COURSE
3324 S UNIVERSITY
MIRAMAR FL 33025
US**

Mailing Address
**1150 GLENBROOK CT
ATLANTIS FL 33462
US**



2. Principal Place of Business
250 J F K DRIVE

3. Mailing Address
250 J F K DRIVE

Suite, Apt. #, etc.
APT 206

Suite, Apt. #, etc.
APT 206

CHECK HERE IF MAKING CHANGES

City & State
ATLANTIS, FL. 33462

City & State
ATLANTIS, FL. 33462

4. FEI Number **65-0765454**

Applied For
 Not Applicable

Zip
33462

Country
PALM BEACH

Zip
33462

Country
PALM BEACH

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

MATUS, MARGO **DECESED**
115 GLENBROOK CT
ATLANTIS FL 33462

Name **CHARLES MATUS VP**
Street Address (P.O. Box Number is Not Acceptable)
250 J F K DRIVE
APT 206
City **ATLANTIS** **FL** Zip Code **33462**

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 *Charles Matus*
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 **D** Delete
NAME **MATUS, MARGO**
STREET ADDRESS **115 GLENBROOK CT** **DECESED**
CITY-ST-ZIP **ATLANTIS FL 33462**

Change Addition

TITLE **D VICE PRECIDENT**
NAME **MATUS, CHARLES**
STREET ADDRESS **115 GLENBROOK CT**
CITY-ST-ZIP **ATLANTIS FL 33462**

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles Matus **01-22-03** **561-308-1004**
Date Daytime Phone #

CR2E034 (10/02)