

2000 UNIFORM BUSINESS REPORT (UBR)

5/15/

FILED
Jun 08, 2000 8:00 am
Secretary of State

05-15-2000 90148 016 ***150.00

DOCUMENT # P97000100004

1. Entity Name

OLD GREY MARES, INC.

Principal Place of Business

Mailing Address

704 SPRINGDALE CIR
PALM SPRINGS FL 33461

B.O. BOX 6705
PALM SPRINGS FL 34478-1347

2. Principal Place of Business

3. Mailing Address

60 SIDAASITES

P.O. BOX 1347

Suite, Apt. #, etc.

Suite, Apt. #, etc.

13328 BEDFORD MEWS

WELLINGTON FL

WELLINGTON FL

OCCALA FL

City & State

City & State

33414

USA

34478

USA

4. FEI Number **65-0796906**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAVEL, INGRID H
704 SPRINGDALE CIR
PALM SPRINGS FL 33461

114 NW 117 ST
PO BOX 1347
OCCALA FL
34478

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

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, 2000 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RAVEL, INGRID H PO BOX 6705 N/A LAKE WORTH FL 33466
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO BOX 1347 OCCALA FL 34478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/28/00 **561**
642-1877

Date

Daytime Phone #

CR2E034 (9/99)