

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90256 040 ***150.00

DOCUMENT # P98000000967

1. Entity Name
DOUBLE "G" STABLES, INC.



Principal Place of Business
**17508 MARSH RD.
LUTZ FL 33549**

Mailing Address
**17508 MARSH RD.
LUTZ FL 33549**

2. Principal Place of Business
10708 Preserve Lake Dr.

Suite, Apt. #, etc.

108

City & State

TAMPA, FLORIDA

Zip

33626

Country

USA

3. Mailing Address

10708 Preserve Lake Dr.

Suite, Apt. #, etc.

108

City & State

TAMPA, FLORIDA

Zip

33626

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3507244**

Applied For

Not Applicable

5. Certificate of Status Desired -- ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GANNON, ALBERT E
17508 MARSH RD.
LUTZ FL 33549**

7. Name and Address of New Registered Agent

Name **SUSAN W. GANNON**

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

10708 Preserve Lake Dr., #108

City

TAMPA

FL

Zip Code

33626

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 *Susan Gannon*

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

as P/V/T/S/D

(NOTE: Registered Agent signature required when reinstating)

DATE **4/11/03**

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

TITLE **D** ☒ Delete
NAME **GANNON, ALBERT E**
STREET ADDRESS **17508 MARSH RD.**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/V/T/S/D** ☐ Change ☒ Addition
NAME **SUSAN W. GANNON**
STREET ADDRESS **10708 Preserve Lake Dr., #108**
CITY-ST-ZIP **TAMPA, FLORIDA 33626**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Susan Gannon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUSAN W. GANNON P/V/T/S/D

Date

4/11/03

Daytime Phone #

813-818-7845

CR2E034 (10/02)