05-02-2003 90256 040 ***150.00

	FI	LED		
May	02, 2	2003	8:00	am
Sec	retar	y of	State	•

2003	FOR	PROFIT	CORPORA	TION
UNIFO	RM E	BUSINES	S REPORT	' (UBR)

P98000000967

DOCUMENT #

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

i			V	WE THE			
Principal Plac	e of Business	Mailing Address					
17508 MARSH	RD.	17508 MARSH RD.					
LUTZ FL 33549)	LUTZ FL 33549					
2 Principal P	lace of Business	3. Mailing Address					
	Preserve Lake Dr.	10708 Pres	erve La	ke Dr			
Suite, Apt.		Suite, Apt. #, etc.	CI VC NU	Ke er.	CHECK HERE IS MAKING	OUALIOEO	
#10	8	# 108			CHECK HERE IF MAKING	CHANGES	
City & State	e	City & State			4. FEI Number 59-3507244	· Ap	plied For
TAM		,	LORIDA				t Applicable
Zip	Country	Zip	Country	- ^ -	5. Certificate of Status Desired	\$8.75 Add	litional .
<i>3</i> 362	6. Name and Address of Current I	33626	<u> </u>	<u>>A</u>	7. Name and Address of New Registered	Fee Require	
	U. Name and Address of Current	registered Agent		Name 🔿		agem	
GANNON,	ALBERT E		_		SAN W. GANNON		
17508 MAI		•	(Street Address (I	P.O. Box Number is Not Acceptable)		
LUTZ FL 3			<u> </u>				
LUIZ FL 3	3049		10	<u>0708 fres</u>	serve Lake Dr. #108		
				City TAMPA	, FL	Zip Code	2/2
8. The above	named entity submits this statement for	the purpose of changing	its registered o		·	amiliar with.	
	ions of registered agent.		,9		/	1.	
	2. LUDGA VIN	now	as Plyl	T/S/D	57 4/1/1	13	
SIGNATURE!	Signature, typed or printed name of registered agent a	nd title if applicable. (I		ent signature required	when reinstating) DATE		
	ILE NOW!!! FEE IS \$150.00						
÷	May 1, 2003 Fee will be \$550.00	İ			9. Election Campaign Financing		O May Be
	Payable to Florida Department of	State			Trust Fund Contribution.	J Added	to Fees
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	S IN 11
TITLE	D	Delete	TITLE	P/v	1T/S/D	Change	Addition
NAME	GANNON, ALBERT E		NAME	Sus	AN W. GANNON	_ •	_
,	17508 MARSH RD.						
CITY-ST-ZIP			STREET A	DDRESS 1070	18 Preserve Lake Dr., ## 108		
	LUTZ FL 33549		STREET A	DDRESS 1070	AN W. GANNON 08 Preserve Lake Dr.,#108 PA, FLORIDA 33626		
TITLÉ		☐ Delete		DDRESS 1070	pa, FLORIDA 33626	☐ Change	☐ Addition
NAME		☐ Delete	CITY-ST- TITLE NAME	TAM	9 Preserve Lake Dr., 44 108 PA, FLORIDA 33626	☐ Change	☐ Addition
NAME STREET ADDRESS	LUTZ FL 33549	☐ Delete	CITY-ST- TITLE NAME STREET A	DORESS TAM	98 Preserve Lake Dr., 44 108 PA, FLORIDA 33626	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			CITY-ST- TITLE NAME STREET A CITY-ST-	DORESS TAM	9 Preserve Lake Dr., 44 108 PA, FLORIDA 33626		
NAME STREET ADDRESS CITY-ST-ZIP	LUTZ FL 33549	☐ Delete	CITY-ST- TITLE NAME STREET A CITY-ST- TITLE	DORESS TAM	98 Preserve Lake Dr., 44 108 PA, FLORIDA 33626	☐ Change	☐ Addition
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12. Thereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR