Applied For

\$8.75 Additional

Fee Required

Not Applicable

DOCUMENT # P98000066932

1. Entity Name

SIGNATURE:

BLASLAND STABLES, INC.

222 WEST CANING		DI VO	CHITE	202
333 WEST CAMINO GARDENS BLVD SUITE 203 BOCA RATON FL 33432				

Mailing Address

3

333 WEST CAMINO GARDENS BLVD SUITE 203 BOCA RATON FL 33432

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

FILED Mar 07, 2001 8:00 am Secretary of State

03-07-2001 90603 003 ***150.00



DO NOT WRITE IN THIS SPACE

65-0853357

4. FEI Number

5. Certificate of Status Desired

	6. Name and Address of Current Reg	Istered Agent		7, 17	ame and Address o	i New negisiereu A	gent	
MINERLEY, KENNETH L 980 NORTH FEDERAL HIGHWAY SUITE 205 BOCA RATON FL 33432		Name						
		Street Address (P.O. Box Number is Not Acceptable)						
		City			FL	Zip Cod	le	
8. The above	named entity submits this statement for the	e purpose of changing its regis	tered office o	registered ag	ent, or both, in the Sta	ate of Florida.	-]
								J
SIGNATURE.	Signature, typed or printed name of registered agent and ti	tle if applicable. (NOTE: Regis	tered Agent signat	ure required when re	instating)	DATE		
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! FE After MAY 1, 2001 F Make Check Payable to	ee will be \$	550.00	10. Election Camp Trust Fund Co			May Be
11.	OFFICERS AND DIR	ECTORS 1	2.	AD	DITIONS/CHANGES	TO OFFICERS AND	DIRECTOR	S IN 11
TITLE NAME STREET AUDRESS CITY-ST-ZIP	PST Blasland, Warren V JR 333 West Camino Gardens Blvi Boca Raton Fl 33432	O SUITE 203	TITLE NAME Street address Dity-st-zip	PS Warren 333 W	V. Blasland . Comino Goo Raton. FL	Jar. Junes Blod 33432	Schange Suite	□ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000,11000	50000 S	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sorrya 333 L Boca	Broks Dicamino G Raton Fl	arders 184d - 33432	□ Change Suite	Addition 203
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		S	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
indicated of the cor	certify that the information supplied with this on this report or supplemental report is tru poration or the receiver or trustee empowe or on an attachment with an address, with	e and accurate and that my sig red to execute this report as red	inature shall h	ave the same I	egal effect as if made	e under oath: that I a	m an officer	or director

NING OFFICER OR DIRECTOR