2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P98000066932

1. Entity Name

BLASLAND STABLES, INC.



Feb 26, 2003 8:00 am Secretary of State 02-26-2003 90138 016 ***150.00

FILED

*** *****		Mailing Address 333 West Camino Gardei Boca Raton FL 33432	ns blvd suite 203		
2. Principal Place of Business		3. Mailing Address		I INDIINUI IIA (BIBI YOUN UQUU BUKU BUKU BUKU BUKU BUKU BUKU	IIM MARIM IMIMM ARAIM REDE IMBE
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 65-0853357	Applied For Not Applicable
Zip	Country	Zip	Country		88.75 Additional ee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MINERLEY, KENNETH L 980 NORTH FEDERAL HIGHWAY SUITE 205 BOCA RATON FL 33432 Street Address (P.O. Boy Number is Not Agceptable) Street Address (P.O. Boy Number is Not Agceptable) Street Address (P.O. Boy Number is Not Agceptable) FL Zip Code 5794 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE					-03
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.			
NAME STREET ADDRESS CITY-ST-ZIP TITLE	BLASLAND, WARREN V JR 333 WEST CAMINO GARDENS BLVD SUITE 203 BOCA RATON FL 33432 V		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		Change Addition Change Addition
STREET ADDRESS	333 W CAMINO GARDINS BLVD. BOCA RATON FL 33432	. SUITE 203	STREET ADDRESS CITY-ST-ZIP		

☐ Addition ☐ Change Delete THLE NAME NAME BLASLAND, BRIAN STREET ADDRESS 333 W CAMINO GARDENS BLVD SUITE 203 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33432** CITY-ST-ZIP ☐ Addition □ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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 afrequired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee empowered to execute this report a changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #