

# 2001 UNIFORM BUSINESS REPORT (UBR)

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AV

DOCUMENT # P98000084387

1. Entity Name  
JASMINE STABLES, INC.

FILED

01 OCT -4 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
15350 SW PLACE  
DAVIE FL 33326

Mailing Address  
1208 MANOR DR S  
WESTON FL 33326

2. Principal Place of Business  
1208 MANOR DR. S.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
WESTON, FL.

City & State  
WESTON, FL.

Zip  
33326

Country  
USA

REINSTATEMENT THIS SPACE

2001

6. Name and Address of Current Registered Agent  
FARRINGTON, MYLES W  
10450 NW 12 PLACE  
PLANTATION FL 33322

7. Name and Address of New Registered Agent  
Name: BLOMQUIST, BRIAN C.  
Street Address (P.O. Box Number is Not Acceptable)  
1208 MANOR DR. S.  
City WESTON FL 33326

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 Brian C. Blomquist, Director DATE 10/2/01  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <u>D</u> <input checked="" type="checkbox"/> Delete<br><u>FARRINGTON, MYLES W</u><br><u>15350 SW 24 PLACE</u><br><u>PLANTATION FL 33322</u> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <u>D</u> <input type="checkbox"/> Delete<br><u>BLOMQUIST, BRIAN C</u><br><u>1208 MANOR DR SOUTH</u><br><u>WESTON FL 33326</u>               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><u>300004642009--8</u><br><u>-10/18/01--01065--014</u><br><u>*****750.00 *****750.00</u> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><u>LS</u>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: Brian C. Blomquist, Director DATE 10/2/01 954384-6173  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (5/01)