

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90256 020 ***150.00

DOCUMENT # P98000087666

1. Entity Name
WHISPERING PALMS PERFORMANCE HORSES, INC.

Principal Place of Business
**4400 5TH STREET
 GRANT FL 32949**

Mailing Address
**P.O. BOX 469
 GRANT FL 32949**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3536967

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHMIDT, CARL F JR.
 318 VESTA CIRCLE
 MELBOURNE FL 32901**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00
 After May 1, 2002 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME Delete
P
SCHMIOT, CONSTANCE G
 STREET ADDRESS **5679 CYPRESS CREEK DR.**
 CITY-ST-ZIP **GRANT FL 32949**

TITLE NAME Change Addition
P
Constance G. Schmiot
 STREET ADDRESS **P.O. Box 563, 4400 5th St.**
 CITY-ST-ZIP **GRANT FL 32949**

TITLE NAME Delete
ST
SCHMIDT, ERICA J
 STREET ADDRESS **1697 PARAKEET COURT**
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE NAME Change Addition

TITLE NAME Delete
V
SCHMIDT, TIFFANY F
 STREET ADDRESS **318 VESTA CIRCLE**
 CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change 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: *Constance G. Schmiot* **CONSTANCE G. SCHMIOT**

Date **4-22-02** Daytime Phone # **321-725-8774**

CR2E034 (9/01)