

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90099 017 ***150.00

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1. Entity Name
KACO HORSE FARMS, INC.

Principal Place of Business
18461 138TH WAY NORTH
JUPITER FL 33478

Mailing Address
9283 SE COVE POINT STREET
TEQUESTA FL 33469



2. Principal Place of Business
9283 SE Cove Point St

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

City & State
Tequesta

City & State

4. FEI Number 65-0877398

Applied For
Not Applicable

Zip 33469 Country USA

Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLAIZZO, KATY
18461 138TH WAY NORTH
JUPITER FL 33478

Name
Colaizzo, Katy

Street Address (P.O. Box Number Is Not Acceptable)
9283 SE Cove Point Street

City Tequesta FL Zip Code 33469

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 accept the obligations of registered agent.

SIGNATURE *Katy Colaizzo* DATE 4/1/2003

(NOTE: Registered Agent signature required when reinstating)

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD Delete
NAME COLAIZZO, KATY
STREET ADDRESS 18461 138TH WAY NORTH
CITY-ST-ZIP JUPITER FL 33478

TITLE PD Change Addition
NAME COLAIZZO, KATY
STREET ADDRESS 9283 SE Cove Point Street
CITY-ST-ZIP Tequesta, Florida 33469

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
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 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 life empowered.

SIGNATURE: *Katy Colaizzo* DATE 4/1/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-746-3037

Daytime Phone #

CR2E034 (10/02)