

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90060 042 ***150.00

DOCUMENT # P99000005780

1. Entity Name

LEXINGTON BREEDERS & RISK MANAGEMENT CO. INC.

Principal Place of Business

**4800 NORTH A1A, #7
 VERO BEACH FL 32963**

Mailing Address

**4800 NORTH A1A, #7
 VERO BEACH FL 32963**

2. Principal Place of Business

1301 WEST ISLAND CLUB SQ

3. Mailing Address

1301 WEST ISLAND CLUB SQ

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

VERO BEACH FL

City & State

VERO BEACH, FL

4. FEI Number

59-3558590

Applied For

Not Applicable

Zip

32963

Country

USA

Zip

32963

Country

USA 3

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GUIDA, ROSE M
 4800 NORTH A1A, #7
 VERO BEACH FL 32963**

7. Name and Address of New Registered Agent

Name

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

1301 WEST ISLAND CLUB SQ

City

VERO BEACH

FL

Zip Code

32963

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

Rose M. Guida

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/9/02

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

TITLE **F** ☐ Delete
 NAME **GUIDA, ROSE**
 STREET ADDRESS **4800 N A1A #504 1301 W. ISLAND CLUB SQ**
 CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Rose M. Guida

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/02

Date

561/231-1833

Daytime Phone #

CR2E034 (9/01)