

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-28-2002 90060 042 ***150.00

U125904 AV

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1301 WEST ISLAND CLUB SQ

3. Mailing Address
1301 WEST ISLAND CLUB SQ

Suite, Apt. #, etc.

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 DATE 1/9/02
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.

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 STREET ADDRESS CITY-ST-ZIP	F GUIDA, ROSE 4800 N A1A #504 VERO BEACH FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE OF GUIDA DATE 1/9/02 DAYTIME PHONE # 561/231-1833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)