## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P99000012713

Country

6. Name and Address of Current Registered Agent

1. Entity Name

City & State

Zip

LUCKY BREAK STABLES, INC.

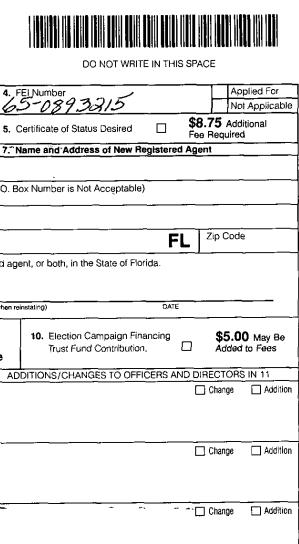
Principal Place of Business	Mailing Address	
158 COLONY POINT DR. PUNTA GORDA FL 33950	P.O. DRAWER 511447 PUNTA GORDA FL 33951-1447	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

City & State

Zip

## Apr 18, 2000 8:00 am Secretary of State

04-18-2000 90151 043 \*\*\*150.00



Name HACKETT, JACK O II Street Address (P.O. Box Number is Not Acceptable) 115 W. OLYMPIA AVE. **PUNTA GORDA FL 33950** City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. DPS TITLE Delete TITLE SCHIDER, CONNIE M NAME NAME 158 COLONY POINT DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **PUNTA GORDA FL 33950** ☐ Delete TITLE TITLE HEISEL, DONALD F NAME NAME STREET ADDRESS 158 COLONY POINT DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PUNTA GORDA FL 33950 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Country

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 employered 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 add

SIGNATURE: