

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2001 8:00 am**  
**Secretary of State**

07-18-2001 90259 047 \*\*\*150.00

**DOCUMENT # P99000013613**

1. Entity Name  
**CD STABLES, INC.**

Principal Place of Business  
**6311 SW 130TH AVENUE  
 FORT LAUDERDALE FL 33325**

Mailing Address  
**16794 ROYAL POINCIANA DR CT  
 FORT LAUDERDALE FL 33326**

2. Principal Place of Business  
**3404 SE 171<sup>ST</sup> ST.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**3404 SE 171<sup>ST</sup> ST.**  
 Suite, Apt. #, etc.

City & State  
**HAWTHORNE, FL**  
 Zip  
**32640**  
 Country  
**USA**

City & State  
**HAWTHORNE, FL**  
 Zip  
**32640**  
 Country  
**USA**

4. FEI Number  
**65-0895469**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FELUREN, MARK S  
 100 S.E. THIRD AVENUE  
 SUITE 1500  
 FORT LAUDERDALE FL 33301**

**7. Name and Address of New Registered Agent**

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D DICKERSON, JOHN W 16794 ROYAL POINCIANA DR. FORT LAUDERDALE FL 33326</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CUNNINGHAM-DICKERSON, SANDRA 16794 ROYAL POINCIANA DR FORT LAUDERDALE FL 33326</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3404 SE 171<sup>ST</sup> ST. HAWTHORNE, FL 32640</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3404 SE 171<sup>ST</sup> ST. HAWTHORNE, FL 32640</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**John W. Dickerson**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/13/01**

**352-481-2512**

Date

Daytime Phone #

CR2E034 (5/01)