## 2003 FOR PROFIT CORPORATION

## **FILED** Mar 10, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) P99000022702 **DOCUMENT #** 1. Entity Name 03-10-2003 90739 026 \*\*\*150.00 HENNESSEY STABLES, INC. Principal Place of Business Mailing Address 112 GARDENS DRIVE 112 GARDENS DRIVE 10040443 **UNIT 102 UNIT 102** POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address <u>5503 NW 55</u> 5503 NW 55 Suite, Apt. #, etc. Suite, Apt. #, etc X CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0906267 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 City 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F **PSTD** Delete TITLE PSTD Change ■ Addition HENNESSEY, DANIEL G NAME Hennessey, Daniel G. NAME 112 GARDENS DRIVE STREET ADDRESS STREET ADDRESS 5503 NW 55 Terr POMPANO BEACH FL 33069 CITY-ST-7IP CITY-ST-ZIP Coconut Creek, FL 33073 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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 like empowered.

CITY-ST-ZIP

Date

Daytime Phone #