

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90003 009 ***150.00

DOCUMENT # P99000050672

1. Entity Name
RICK LOPEZ TRAINING STABLES, INC.

Principal Place of Business 3857 S.E. 47TH STREET OCALA FL 34480	Mailing Address 3857 S.E. 47TH STREET OCALA FL 34480
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3584509**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LOPEZ, RICK
3857 S.E. 47TH STREET
OCALA FL 34480

7. Name and Address of New Registered Agent

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

SIGNATURE _____ DATE _____
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.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	Change	Addition
	P			<input type="checkbox"/> Delete	
	LOPEZ, RICK	3857 SE 47 ST	OCALA FL 34480		
				<input type="checkbox"/> Delete	
					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete	
					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete	
					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete	
					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete	
					<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 persons empowered.

SIGNATURE: *Rick Lopez*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/01 352-369-0132
 Date Daytime Phone #

CR2E034 (10/00)