

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
04-23-2001 90214 047 ***150.00

004512

DOCUMENT # P99000063186

1. Entity Name

CANNON EQUINE, INC.

Principal Place of Business

**1180 SPRING CENTRE SOUTH BLVD., STE. 211
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**1180 SPRING CENTRE SOUTH BLVD., STE. 211
ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business

1605 KERSLEY CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

1605 KERSLEY CIRCLE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HEATHROW FL

City & State

HEATHROW FL

4. FEI Number

59-3598138

Applied For

Not Applicable

Zip

32746

Country

USA

Zip

32746

Country

USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

CANNON, FRANK**1180 SPRING CENTRE SOUTH BLVD., STE. 211
ALTAMONTE SPRINGS FL 32714**

7. Name and Address of New Registered Agent

Name

CANNON, FRANK

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

1605 KERSLEY CIRCLE

City

HEATHROW

FL

Zip Code

32746

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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	D			<input type="checkbox"/>
	CANNON, FRANK J			
	1180 SPRING CENTRE SOUTH BLVD., STE. 211			
	ALTAMONTE SPRINGS FL 32714			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	CANNON, FRANK J.			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	1605 KERSLEY CIRCLE				
	HEATHROW FL 32746				

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK J. CANNON

Date

Daytime Phone #

4-16-01 407-804-8949

CR2E034 (10/00)