2003 FOR PROFIT CORPORATION

FILED Apr 28, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P99000079083 **DOCUMENT #** 1. Entity Name 04-28-2003 90188 042 ***150.00 JUPITER FARMS EQUESTRIAN CENTER. INC. Principal Place of Business Mailing Address 9500 NATIONS RD. 9500 NATIONS RD. WEBSTER FL 33597 WEBSTER FL 33597 3. Mailing Address 10531 Randolph Siding Rd 2. Principal Place of Business 10531 Randolph Siding Rd K CHECK HERE IF MAKING CHANGES City & State Tupiter, 4. FEI Number NOT APPLICABLE Applied For City & State 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 MILITANA, RICHARD ESQ. Street Address (R.O. Box Number is Not Acceptable) 9500 NATIONS RD. WEBSTER FL 33597 City Tupiter 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 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. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE TITLE ☐ Delete 10531 Randolph Siding Rd Jupiter Fl 33478 MILITANA, DIANA NAME NAME 9500 NATIONS RD STREET ADDRESS STREET ADDRESS WEBSTER FL 33597 CITY-ST-ZIP CITY-ST-7IP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP --- Ghange --- Addition -IHFLE Deletë JIHE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

STREET ADDRESS

CITY-ST-7IP

CITY-ST-7IP

TITLE

NAME STREET ADDRESS

☐ Delete

☐ Addition

☐ Change