

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90020 035 \*\*\*150.00

**DOCUMENT # 325681**

1. Entity Name  
**DICKSON'S CARRIAGE HOUSE, INC.**

Principal Place of Business  
**1800 OLDE RIVER TRAIL  
 CHULUOTA FL 32766  
 US**

Mailing Address  
**1800 OLDE RIVER TRAIL  
 CHULUOTA FL 32766  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1000 Douglas AV  
 #19**

3. Mailing Address

**1000 Douglas AV  
 #19**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Altamonte Springs FL**

City & State  
**Altamonte Springs FL**

Zip  
**32714**

Country

Zip  
**32714**

Country

4. FEI Number **59-1201934**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALKER II, WILLIAM A  
 250 PARK AVE S 6TH FLOOR  
 WINTER PARK FL 32789**

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 \$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 **D**  Delete  
 NAME **YOUNG, WINDER A.**  
 STREET ADDRESS **328 HILLCREST ST**  
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD**  Delete  
 NAME **DICKSON, KATHERINE A.**  
 STREET ADDRESS **1800 OLDE RIVER TR**  
 CITY-ST-ZIP **CHULUOTA FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **1000 Douglas #19**  
 CITY-ST-ZIP **Altamonte Springs FL 32714**

TITLE **VDTS**  Delete  
 NAME **DICKSON, DAVID M.**  
 STREET ADDRESS **1800 OLDE RIVER TR.**  
 CITY-ST-ZIP **CHULUOTA FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **1000 Douglas #19**  
 CITY-ST-ZIP **Altamonte Springs FL 32714**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: **Katherine A Dickson** *Katherine A Dickson* 4/13/01 407 774 0442  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (10/00)