2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State
02-04-2003 90093 034 ***150.00

DOCUMENT # P02000019343

1. Entity Name
THE DREAM HOME COACH, INC.

Principal Place of Business	Mailing Address
401 SUNSET DRIVE VENICE FL 34285	401 SUNSET DRIVE VENICE FL 34285

2. Principal Place of Business	3. Mailing Address
2321 HERMITAGE BLVD.	2321 HERMITAGE BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: VENICE FL	City & State: VENICE FL
Zip: 34292 — Country: USA	Zip: 34292 — Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 01-0595122 ☐ 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
YOUNGBLOOD, EDNA E 401 SUNSET DRIVE VENICE FL 34285	Name: YOUNGBLOOD, EDNA E Street Address (P.O. Box Number is Not Acceptable): 2321 HERMITAGE BLVD City: VENICE FL Zip Code: 34292

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 Edna E. Youngblood
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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME Edna E Youngblood STREET ADDRESS 2321 Hermitage BLVD CITY-ST-ZIP VENICE FL 34292	☐ Delete	TITLE PTSD NAME EDNA E. YOUNGBLOOD STREET ADDRESS 2321 HERMITAGE BLVD CITY-ST-ZIP VENICE FL 34292	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE SECRETARY NAME Jacqueline Fredette STREET ADDRESS 80 OLD ENGLEWOOD ROAD CITY-ST-ZIP ENGLEWOOD FL 34223	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: Edna E Youngblood SIGNATURE REQUIRED — 1-30-03 — 941-321-2953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)