

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

3. Mailing Address
1000 Douglas Av

Suite, Apt. #, etc.
#19

City & State
Altamonte Springs FL

Zip
32714

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

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

7. Name and Address of New Registered Agent

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 _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, WINDER A. 328 HILLCREST ST ALTAMONTE SPRINGS FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DICKSON, KATHERINE A. 1800 OLDE RIVER TR CHULUOTA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDTs DICKSON, DAVID M. 1800 OLDE RIVER TR. CHULUOTA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1000 Douglas #19</i> <i>Altamonte Springs FL 32714</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1000 Douglas #19</i> <i>Altamonte Springs FL 32714</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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)