

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90879 022 ***158.75

DOCUMENT # *P00000112948*

1. Entity Name
DREAM CHASER CHARTERS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
DREAM CHASER CHARTERS, INC.

Suite, Apt. #, etc.
201 William STREET

City & State
Key West FLORIDA

Zip
33040

Country

3. Mailing Address
DREAM CHASER CHARTERS, INC.

Suite, Apt. #, etc.
201 William STREET

City & State
Key West, FLORIDA

Zip
33040

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-0010382

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *MATTHEW A. LACHMAN*

Street Address (P.O. Box Number is Not Accepted)
DREAM CHASER CHARTERS, INC.

201 William STREET

City *Key West*

FL

Zip Code
33040

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 *Matthew A. Lachman*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-30-02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<i>P</i>	<i>MATTHEW A. LACHMAN</i>	<i>201 William STREET</i>	<i>Key West, FL 33040</i>				
<i>S</i>	<i>NANCY JO PRZYWARA</i>	<i>201 William STREET</i>	<i>Key West, FL 33040</i>				

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Matthew A. Lachman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02

Date

305 292 8667

Daytime Phone #