

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91534 004 \*\*\*158.75

0417101 AV

**DOCUMENT # P01000085556**

1. Entity Name  
**YOUR HOME DREAMS, INC.**

Principal Place of Business  
**612 GRAN KAYMEN WAY  
 APOLLO BEACH FL 33572**

Mailing Address  
**612 GRAN KAYMEN WAY  
 APOLLO BEACH FL 33572**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**6565A ULMERTON RD**  
 Suite, Apt. #, etc.

3. Mailing Address  
**6565A ULMERTON RD**  
 Suite, Apt. #, etc.

City & State  
**LARGO, FL**

City & State  
**LARGO, FL**

4. FEI Number  
**65-1135992**

Applied For  
 Not Applicable

Zip **33771** Country **USA**

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

**6. Name and Address of Current Registered Agent**

**AGENTS AND CORPORATIONS, INC.  
 773 4TH AVENUE NORTH SUITE E  
 NAPLES FL 34102**

**7. Name and Address of New Registered Agent**

Name **Vicki Shaffer**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6565A ULMERTON RD**  
 City **LARGO** FL Zip Code **33771**

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 **Vicki Shaffer CFO** DATE **1/14/02**  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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**  
**NO**

11. OFFICERS AND DIRECTORS	
TITLE <b>PRESIDENT</b>	<input type="checkbox"/> Delete
NAME <b>William Voorheis</b>	
STREET ADDRESS <b>1238 Bukshire Lane</b>	
CITY-ST-ZIP <b>Tarpon Springs, FL 34689</b>	
TITLE <b>CFO</b>	<input type="checkbox"/> Delete
NAME <b>Vicki Shaffer</b>	
STREET ADDRESS <b>612 GRAN KAYMEN WAY</b>	
CITY-ST-ZIP <b>APOLLO BEACH, FL 33572</b>	
TITLE <b>UP of OPS</b>	<input type="checkbox"/> Delete
NAME <b>ARTHUR SNOW</b>	
STREET ADDRESS <b>9906 Sugar Mill Dr</b>	
CITY-ST-ZIP <b>Bradenton, FL 34202</b>	
TITLE <b>UP of Sales + Marketing</b>	<input type="checkbox"/> Delete
NAME <b>MARC Schnarr</b>	
STREET ADDRESS <b>10417 GREEN HEDGES</b>	
CITY-ST-ZIP <b>TAMPA, FL 33626</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Vicki Shaffer CFO** DATE **1/14/02** 813 3807491  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)