

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91381 011 \*\*\*150.00

As90258  
FP

**DOCUMENT # P01000085556**



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

Principal Place of Business  
**6565 A ULMETON ROAD  
LARGO FL 33771**

Mailing Address  
**6565 A ULMETON ROAD  
LARGO FL 33771**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1135992**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHAFFER, VICKI  
6565 A ULMETON ROAD  
LARGO FL 33771**

Name **ARTHUR SNOW**  
Street Address (P.O. Box Number is Not Acceptable)  
**6565 A ULMETON ROAD**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Arthur Snow*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **3/15/03**

**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>VOORHEIS, WILLIAM</b>	
STREET ADDRESS	<b>1238 BURKSHIRE LANE</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL 34689</b>	
TITLE	<b>CFO</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SHAFFER, VICKI</b>	
STREET ADDRESS	<b>612 GRAN KAYMEN WAY</b>	
CITY-ST-ZIP	<b>APOLLO BEACH FL 33572</b>	
TITLE	<b>VOPS</b>	<input type="checkbox"/> Delete
NAME	<b>SNOW, ARTHUR</b>	
STREET ADDRESS	<b>9906 SUGAR MILL DRIVE</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34202</b>	
TITLE	<b>VSM</b>	<input type="checkbox"/> Delete
NAME	<b>SCHNARR, MARK</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		

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	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>14611 GRAVES LANE</b>	
CITY-ST-ZIP	<b>EVANSVILLE, IN 47720</b>	
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		

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 *Arthur Snow*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date  
Daytime Phone # **727.507.8400**

CR2E034 (10/02)