## 2003 FOR PROFIT CORPORATION

## Apr 22, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P02000018822 **DOCUMENT #** 04-22-2003 90078 040 \*\*\*150.00 1. Entity Name DREAMCATCHER TRUCKING, INC. Principal Place of Business Mailing Address 6044 HUNTER RD. 6044 HUNTER RD. KEYSTONE HEIGHTS FL 32656 KEYSTONE HEIGHTS FL 32656 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 30-0060214 City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILLER, JAY C Street Address (P.O. Box Number is Not Acceptable) 6044 HUNTER RD. **KEYSTONE HEIGHTS FL 32656** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition MILLER, JAY C NAME NAME STREET ADDRESS 6044 HUNTER RD. STREET ADDRESS **KEYSTONE HEIGHTS FL 32656** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Oelete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Delete TITLE TITLE Change Addition : NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Addition TIT! E ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

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TITLE

NAME

SIGNATURE:

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TITLE

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Delete

☐ Addition

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