

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P94000053138**

1. Entity Name

**DREAM CATCHER STABLES, INC.****FILED**  
**Jun 26, 2001 8:00 am**  
**Secretary of State**

06-26-2001 90006 034 \*\*\*558.75

Principal Place of Business <b>16553 S.E. 30TH ST. MORRISTON FL 32668</b>	Mailing Address <b>52217 GRAPE RD. GRANGER IN 46530</b>
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2. Principal Place of Business <b>9252 NW 63<sup>rd</sup> ST.</b>	3. Mailing Address <b>P.O. BOX 1025</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>OCALA, FL</b>	City & State <b>GRANGER, IN</b>
Zip <b>34482</b>	Zip <b>46530-1025</b>
Country <b>USA</b>	Country <b>USA</b>



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3291873</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>BORN, CHARLES J 16553 S.E. 30TH ST. MORRISTON FL 32668</b>	7. Name and Address of New Registered Agent Name <b>JOAN M. WILLIAMS</b> Street Address (P.O. Box Number is Not Acceptable) <b>9252 NW 63<sup>rd</sup> ST</b> City <b>OCALA</b> FL Zip Code <b>34482</b>
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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 **JOAN M. WILLIAMS, P** *Joan M. Williams* **6/20/01**  
Signature, typed or printed name of registered agent and title if applicable. (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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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: **JOAN M. WILLIAMS, P** *Joan M. Williams* **6/20/01** **219-277-9947**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

A00M867

Dec. \$794000053138

Dream Catcher  
Seables, Inc.

NO. 11. + 12.  
MAILING  
ADDRESS  
CHANGE ONLY

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