FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

04 MAY 20 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000091690

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04/22/04--01053--025 **150.00

1. Entity Name
Country Dreams Inc.

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2. Principal Place of Business	3. Mailing Address
N/A → Never has	161 SW Quail Heights Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
been a business in	
City & State	City & State
operation.	Lake City, FL
Zip / Country	Zip / Country
	32025 / Columbia

4. FEI Number 59-3484397 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Chantal Ste-Marie

Street Address (P.O. Box Number is not acceptable): 199 SW Leisure Drive

City: Lake City FL Zip Code: 32025

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: Chantal Ste-Marie Chantal Ste-Marie 4/20/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE	President
NAME	Carl Ste-Marie
STREET ADDRESS	200 SW Quail Heights Terrace
CITY-ST-ZIP	Lake City, FL 32025
TITLE	Treasurer
NAME	Chantal Ste-Marie
STREET ADDRESS	199 SW Leisure Drive
CITY-ST-ZIP	Lake City, FL 32025
TITLE	Secretary
NAME	Nadia Ste-Marie
STREET ADDRESS	161 SW Quail Heights Terrace
CITY-ST-ZIP	Lake City, FL 32025
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

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

SIGNATURE: Chantal Ste-Marie Chantal Ste-Marie 4/20/04 386-752-3339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #