

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

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90132 047 ***150.00

DOCUMENT # **P 99 0060 577 80**

1. Entity Name

Dream Chase Horse Farm, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17361 Morris Bridge Rd
Suite, Apt. #, etc.

3. Mailing Address

15856 Shaver Way
Suite, Apt. #, etc.

646104

DO NOT WRITE IN THIS SPACE

City & State

THOMPSON FL

City & State

THOMPSON FL

4. FEI Number

593584131

Applied For

Not Applicable

Zip

Country

USA

Zip

33647

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

SPICER & SIKES, PA

Street Address (P.O. Box Number is Not Acceptable)

15856 Shaver Way

City

343 Almeria Ave
Coconut Creek

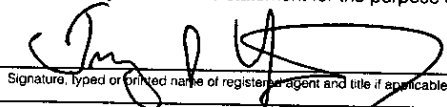
FL

Zip Code

33447
134

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



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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

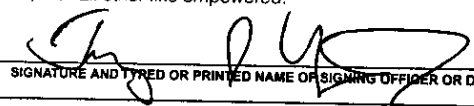
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

CR2034B (12/01)

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

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-02 813-978-3750