## 2000 UNIFORM BUSINESS REPORT (UBR)

## May 03, 2000 8:00 am Secretary of State DOCUMENT # **P99000084423** CHASIN DREAM, INC. 05-03-2000 90124 008 \*\*\*150.00 Principal Place of Business Mailing Address 10000 SW 73 TERRACE 10000 SW 73 TERRACE OCALA FL 34476 OCALA FL 34476-9118 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable \$8.75 Additional Zip Country Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name OGLESBY, ROBERT J Street Address (P.O. Box Number is Not Acceptable) 10000 SW 73 TERRACE OCALA FL 34476 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition ☐ Delete TITLE OGLESBY, ROBERT J NAME NAME STREET ADDRESS 10000 SW 73 TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **OCALA FL 34476** ☐ Addition Change TITLE ☐ Delete NAME OGLESBY, SHARI L NAME STREET ADDRESS 10000 SW 73 TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF OCALA FL 34476 ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

J BGLESBY

Daytime Phone #