

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90069 008 ***150.00

DOCUMENT # L53092

1. Entity Name

DREAM DEVELOPERS', INC.

Principal Place of Business

Mailing Address

% STEVEN J SALERNO
 6206 S ATLANTIC
 NEW SMYRNA BEACH FL 32169-4701

% STEVEN J SALERNO
 6206 S ATLANTIC
 NEW SMYRNA BEACH FL 32124-7195

00007790



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6434 RENAISSANCE
 Suite, Apt. #, etc.

6434 RENAISSANCE
 Suite, Apt. #, etc.

City & State

City & State

PORT ORANGE, FL

PORT ORANGE, FL

4. FEI Number

59-2995464

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALERNO, STEVEN J.
 6206 S ATLANTIC
 NEW SMYRNA BEACH FL

Name-

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

6434 RENAISSANCE

City PORT ORANGE

FL

Zip Code 32124

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]

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

(NOTE: Registered Agent signature required when reinstating)

3/10/00

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	SALERNO, THOMAS A	6206 SOUTH ATLANTIC	NEW SMYRNA BEACH FL	<input checked="" type="checkbox"/>
PD	SALERNO, STEVEN J	6206 S ATLANTIC	NEW SMYRNA BEACH FL 32169	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		6434 RENAISSANCE	PORT ORANGE FL 32124	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: X

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/00

Date

Daytime Phone #

CR2P-034 (9/99)