

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-06-2002 90171 017 ***150.00

DOCUMENT # P01000004490

1. Entity Name

DREAM LAND INC. OF PANAMA CITY

Principal Place of Business

**3541 T STREET
 PANAMA CITY FL 32404**

Mailing Address

**3541 T STREET
 PANAMA CITY FL 32404**

843000



2. Principal Place of Business

4141 E 15th Street
 Suite, Apt. #, etc.

3. Mailing Address

4141 E 15th Street
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Panama City, FL
 Zip **32404** Country **US**

City & State

Panama City, FL
 Zip **32404** Country **US**

4. FEI Number

59-3699564

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BARNES, CARL T
 3541 T STREET
 PANAMA CITY FL 32404**

7. Name and Address of New Registered Agent

Name **Carl T. Barnes**
 Street Address (P.O. Box Number is Not Acceptable) **1014 Hugh Drive**
 City **Panama City** FL Zip Code **32404**

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

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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	BARNES, CARL T	
STREET ADDRESS	3541 T STREET	
CITY-ST-ZIP	PANAMA CITY FL 32404	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barnes Carl T.	
STREET ADDRESS	1014 Hugh Drive	
CITY-ST-ZIP	Panama City FL 32404	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cynthia T. Barnes	
STREET ADDRESS	1014 Hugh Drive	
CITY-ST-ZIP	Panama City FL 32404	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02

(850) 811-0515

CR2E034 (9/01)