

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90592 049 ***150.00

DOCUMENT # V68336

1. Entity Name
DREAM COSMETICS, INC.

Principal Place of Business

ROUTE 612 E
 VERONA VA 24482
 US

Mailing Address

963 LAUREL HILL RD
 VERONA VA 24482
 US

00017006



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3144221**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

MCCORMICK, LINDA K
~~115 S HUNTING LODGE DRIVE~~
~~INVERNESS FL 34453~~

Name

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

2060 Cormorant Drive

City

Palm Harbor

FL

Zip Code

39683

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 *Linda K. McCormick*

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, 2001 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 Delete
 NAME **P**
ROSHAK, CYNTHIA L
 STREET ADDRESS **RT 1 BOX 92A**
 CITY-ST-ZIP **VERONA VA 24482**

TITLE Change Addition
 NAME
 STREET ADDRESS *963 Laurel Hill Rd*
 CITY-ST-ZIP *Verona VA 24482*

TITLE Delete
 NAME **ST**
MCCORMICK, LINDA
 STREET ADDRESS ~~115 S HUNTING LODGE DRIVE~~
 CITY-ST-ZIP ~~INVERNESS FL 34453~~

TITLE Change Addition
 NAME
 STREET ADDRESS *2060 Cormorant Drive*
 CITY-ST-ZIP *Palm Harbor, FL 34683*

TITLE Delete
 NAME **M**
ROSHAK, MICHAEL J
 STREET ADDRESS **RT 1 BOX 92A**
 CITY-ST-ZIP **VERONA VA 24482**

TITLE Change Addition
 NAME
 STREET ADDRESS *963 Laurel Hill Rd,*
 CITY-ST-ZIP *Verona, VA 24482*

TITLE Delete
 NAME **M**
ULMER, DANIEL R
 STREET ADDRESS **RT 1 BOX 92A**
 CITY-ST-ZIP **VERONA VA 24482**

TITLE Change Addition
 NAME
 STREET ADDRESS *963 Laurel Hill Rd.*
 CITY-ST-ZIP *Verona, VA 24482*

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: *Cynthia Roshak* **Cynthia Roshak**

Date *1/11/01*

Daytime Phone # *(540) 248-0980*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)