2001 UNIFORM BUSINESS REPORT (UBR)

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

Mar 28, 2001 8:00 am DOCUMENT # F95000005438 **Secretary of State** DAY DREAM HEIRLOOMS CORPORATION 03-28-2001 90185 009 ***150.00 Principal Place of Business Mailing Address 11362 SAN JOSE BLVD 5160 HARVEY GRANT ROAD STE 3 ORANGE PARK FL 32073 JACKSONVILLE FL 32223 3. Mailing Address 2. Principal Place of Business 11362 Sanjose Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3316001 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUDGINS, JENNIE P Street Address (P.O. Box Number is Not Acceptable) 5160 HARVEY GRANT RD. **ORANGE PARK FL 32073** Zip Code .City- ~ 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. (NOTE: Registered Agent signature required when reinstating) 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, 2001 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 PCD ☐ Addition ☐ Delete TITLE Change | TITLE HUDGINS, JENNIE P NAME NAME 5160 HARVEY GRANT ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ORANGE PARK FL** CITY-ST-ZIP ۷D TITLE ☐ Delete TITLE ☐ Change ☐ Addition PITTMAN, ZOLENA G NAME NAME 1032 N. ROSE ST. STREET ADDRESS STREET ADDRESS ESCONDIDO CA CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Chảngế Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE □ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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