2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 06, 2002 8:00 am Secretary of State DOCUMENT # F95000005438 1. Entity Name DAY DREAM HEIRLOOMS CORPORATION 05-06-2002 90266 035 ***150.00 new address X Principal Place of Business Mailing Address 11362 SAN JOSE BLVD 5160 HARVEY GRANT ROAD ORANGE PARK FL 32073 JACKSONVILLE FL 32223 2. Principal Place of Business 3. Mailing Address 1600 PARK AVE E Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ORANGE PARK, FL, 59-3316001 Not Applicable Zip Country \$8.75 Additional 32073 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 ٠. City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PCD CR2E034 (9/01) TITLE ☐ Delete TITI F ☐ Change ☐ Addition HUDGINS, JENNIE P NAME NAME 5160 HARVEY GRANT ROAD STREET ADDRESS STREET ADDRESS **ORANGE PARK FL** CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE PITTMAN ZOLENA 6. Addition NAME PITTMAN: ZOLENA G NAME 2579 SHALIMAR STREET ADDRESS 1032 N. ROSE ST. STREET ADDRESS ORANGE PARK, FL. 32073 CITY-ST-ZIP **ESCONDIDO CA** CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ 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-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

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