

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90322 028 \*\*\*150.00

**DOCUMENT # F98000002203**

1. Entity Name

**DREAM MODEL PRODUCTIONS, INC.**

Principal Place of Business

Mailing Address

12959 HUNT CLUB RD N  
JACKSONVILLE FL 3222413703  
Richmond  
park DR N.  
#260712959 HUNT CLUB RD N  
JACKSONVILLE FL 32245-0864Po Box 19864  
Jacksonville, FL 32245

2. Principal Place of Business

3. Mailing Address

13703 Richmond Park DR N.

P.O. Box 19864

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2607

City &amp; State

City &amp; State

Jax FL

Jax FL

Zip  
32224Country USA  
DevelZip  
32245Country USA  
FL

4. FEI Number

59-3477377

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

CANNIE, AVA E  
12959 HUNT CLUB RD N.  
JACKSONVILLE FL 32224

Name

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

City

FL

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

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, 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  
P  
CANNIE, AVA E  
12959 HUNT CLUB RD N.  
JACKSONVILLE FL 32224 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
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CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
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CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

April 10, 2000 904 223-1636  
Date Daytime Phone #

CR2E034 (9/99)