

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L000000004154

1. Entity Name

FLORIDA DREAM BUILDERS, L.L.C.

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90596 002 ****50.00

Principal Place of Business

5150 SOUTH FLORIDA AVE
LAKELAND FL 33813

Mailing Address

PO BOX 5425
LAKELAND FL 33807-5425

2. Principal Place of Business

3. Mailing Address

P.O. BOX 6630

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
LAKELAND, FLORIDA

Zip

Country

Zip
33807-6630

Country
USA

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAHLE, MARY L

5150 SOUTH FLORIDA AVE
LAKELAND FL 33813

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
DAHLE, MARY L
P.O. BOX 5425
LAKELAND FL 33807-5425 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
DAHLE, MARY L
P.O. BOX 6630
LAKELAND, FL 33807-6630 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
BRANNEN, W.T. JR
P.O. BOX 5425
LAKELAND FL 33807-5425 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
BRANNEN, W.T., JR
P.O. BOX 6630
LAKELAND, FL 33807-6630 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

M. L. DAHLE
SIGNATURE REQUIRED
M.L. DAHLE

4/28/2002 863-559-6870

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)