

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90577 036 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004154

1. Entity Name

Florida Dream Builders, L.L.C.



30066664

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5150 South Florida Avenue

Suite, Apt. #, etc.

3. Mailing Address

Post Office Box 6630

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lakeland, Florida

City & State

Lakeland, Florida

4. FEI Number

56-2350788

Applied For

Not Applicable

Zip
33813

Country
USA

Zip
33807-6630

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Mary L. Dahle

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

5150 South Florida Avenue

City

Lakeland

FL

Zip Code
33813

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member
Mary L. Dahle
Post Office Box 6630
Lakeland, Florida 33807-6630

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member
Willard T. Brannen, Jr.
Post Office Box 6630
Lakeland, Florida 33807-6630

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

M. Dahle
Mary L. Dahle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30, 2003

Date

Daytime Phone #

CR2E034B (12/02)