

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000005521

FILED  
May 01, 2002 8:00 AM  
Secretary of State

**Entity Name:** DREAM MAKER PERSONNEL SERVICES, LLC

**Current Principal Place of Business:**

4513 BENTLEY TRACE LANE NORTH  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

10950 SAN JOSE BLVD.  
SUITE 42  
JACKSONVILLE, FL 32223

**Current Mailing Address:**

4513 BENTLEY TRACE LANE NORTH  
JACKSONVILLE, FL 32257

**New Mailing Address:**

10950 SAN JOSE BLVD  
SUITE 42  
JACKSONVILLE, FL 32223

**FEI Number:** 59-3710301

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LINDELL, J. MICHAEL ESQ.  
12276 SAN JOSE BOULEVARD, SUITE 126  
JACKSONVILLE, FL 32223 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: DODDS, CRAIG W  
Address: 9009 COSHEN VALLEY DRIVE  
City-St-Zip: GAITHERSBURG, MD 20882

Title: MGRM ( ) Delete  
Name: DODDS, DIXIE J  
Address: 9009 GOSHEN VALLEY DRIVE  
City-St-Zip: GAITHERSBURG, MD 20882

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DODDS, CRAIG W  
Address: 1461 OTOES PLACE  
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM (X) Change ( ) Addition  
Name: DODDS, DIXIE J  
Address: 1461 OTOES PLACE  
City-St-Zip: JACKSONVILLE, FL 32259

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CRAIG W. DODDS

OWNE

05/01/2002

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date