

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 06, 2002 8:00 am**  
**Secretary of State**

08-06-2002 90128 032 \*\*\*550.00

**DOCUMENT # L53092**

1. Entity Name  
**DREAM DEVELOPERS', INC.**

Principal Place of Business Mailing Address  
**6434 RENAISSANCE 6434 RENAISSANCE**  
**PORT ORANGE FL 32124 PORT ORANGE FL 32124**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country  
**32128 32128**

4. FEI Number **59-2995464** Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
 Fee Required

## 6. Name and Address of Current Registered Agent

**SALERNO, STEVEN J.**  
**6434 RENAISSANCE**  
**PORT ORANGE FL 32124**

## 7. Name and Address of New Registered Agent

Name **THOMAS A. SALERNO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6434 RENAISSANCE DR**  
 City **PORT ORANGE** FL **32128**

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 *Thomas A. Salerno*  
 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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **PD** ☒ Delete  
 NAME **SALERNO, STEVEN J**  
 STREET ADDRESS **6434 RENAISSANCE**  
 CITY-ST-ZIP **PORT ORANGE FL 32124**

TITLE **THOMAS A SALERNO PD** ☐ Change ☒ Addition  
 NAME **6434 RENAISSANCE DR**  
 STREET ADDRESS **PORT ORANGE FL 32128**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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: *Thomas A. Salerno*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)