

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90735 002 ***158.75

DOCUMENT # M56291

1. Entity Name

DREAM ACRE ENTERPRISES, INC.



Principal Place of Business

4305 LAKE GLEN DRIVE
MELBOURNE FL 32934-7711

Mailing Address

4305 LAKE GLEN DRIVE
MELBOURNE FL 32934-7711

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0198156

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MESSINGER, MICHAEL E.

4305 LAKEGLEN DR

MELBOURNE FL 32934

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. 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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MESSINGER, MICHAEL E.	
STREET ADDRESS	4305 LAKE GLEN DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	S	<input type="checkbox"/> Delete
NAME	MESSINGER, DEBORAH L	
STREET ADDRESS	4305 LAKE GLEN DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32934-7711	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MESSINGER, PATRICK L	
STREET ADDRESS	4305 LAKEGLEN DRIVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIDER, CHRISTOPHER J	
STREET ADDRESS	1477 HUFF CT	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS	1477 HUFF CT.	
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Deborah L. Messinger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEBORAH L. MESSINGER 2-7-03 242-9517
Date Daytime Phone #

CR2E034 (10/02)