

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002405

1. Entity Name

DREAM-A-WISH, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90255 032 ****70.00

Principal Place of Business

Mailing Address

2090 S. NOVA RD
 BLDG. AA12
 SOUTH DAYTONA FL 32119

2090 S. NOVA RD.
 BLDG. AA12
 SOUTH DAYTONA FL 32119-9103

2. Principal Place of Business

3. Mailing Address

123 FALL DR
 Suite, Apt. #, etc.

123 FALL DR
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 PORT ORANGE

City & State
 PORT ORANGE

4. FEI Number
 59-3436624

Applied For
 Not Applicable

Zip Country
 32119 FLORIDA

Zip Country
 32119 FLORIDA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEISER, WOODROW
 123 FALL DRIVE
 PORT ORANGE FL 32119

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 Woodrow Keiser WOODROW KEISER JAN 2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing \$5.00 May Be Added to Fees
 Trust Fund Contribution.

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KEISER, WOODROW 123 FALL DRIVE PORT ORANGE FL 32119	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANSEN, MARLENE 2535 CORAL WAY E DAYTONA BEACH FL 32118	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNARD, BONNIE 909 BIG TREE RD SOUTH DAYTONA FL 32119	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERZSENYI, GEORGE 62 PLEASANT DR ORMOND BEACH FL 32176	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, LIZ 5246 RIDGEWOOD AVE ORMOND BEACH FL 32174	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEISER, PATRICIA 123 FALL DRIVE PORT ORANGE FL 32119	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D JAMES L. DAGLEY 3361 Ridgewood AOC PORT ORANGE FL 32119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D MARIO LAZZETTI 129 SEA ISLE SOUTH DAYTONA, FL 32119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D BARBARA JUSZKIEWICZ 708 DOVE AVE PORT ORANGE, FL 32119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: Woodrow Keiser WOODROW KEISER JAN 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone # 1-800-996-6002

CR2E037 (9/99)