## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N97000002405

Entity Name: DREAM-A-WISH, INC.

FILED Jan 07, 2002 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 232 SAND PEBBLE CIRCLE PORT ORANGE, FL 32119 PORT ORANGE, FL 32129 **Current Mailing Address: New Mailing Address:** 232 SAND PEBBLE CIRCLE 123 FALL DR PORT ORANGE, FL 32129 PORT ORANGE, FL 32119 FEI Number: 59-3436624 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KEISER, WOODROW KEISER, WOODROW 123 FALL DRIVE 232 SAND PEBBLE CIRCLE PORT ORANGE, FL 32119 PORT ORANGE, FL 32129 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: 01/07/2002 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete DP (X) Change ( ) Addition KEISER, WOODROW KEISER, WOODROW Name: Name: 123 FALL DRIVE Address: 232 SAND PEBBLE CIRCLE Address: City-St-Zip: PORT ORANGE, FL 32119 City-St-Zip: PORT ORANGE, FL 32129 Title: Title: ( ) Delete () Change () Addition MUISE, JOHN R Name: Name: Address: 15 SPRING DR Address: PORT ORANGE, FL 32119 City-St-Zip: City-St-Zip: Title: (X) Delete Title: () Change () Addition IZZETTI, MARIO Name: Name: Address: 129 SEA ISLE Address: City-St-Zip: SOUTH DAYTONA, FL 32119 City-St-Zip: Title: DP () Delete Title: () Change () Addition IZZETTI, MARIO Name: Name: Address: 129 SEA ISLE Address: City-St-Zip: SOUTH DAYTONA, FL 32119 City-St-Zip: Title: () Delete Title: () Change () Addition JUSZHIEWICZ, BARBARA Name: Name: 708 DOVE AVE Address: Address: PORT ORANGE, FL 32119 City-St-Zip: City-St-Zip: Title: DVP () Delete Title: (X) Change ( ) Addition KELSER, PATRICIA KELSER, PATRICIA Name: Name: Address: 123 FALL DR Address: 232 SAND PEBBLE CIRCLE PORT ORANGE, FL 32119 PORT ORANGE, FL 32129 City-St-Zip: City-St-Zip:

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WOODROW KEISER CEO 01/07/2002