2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9900004842

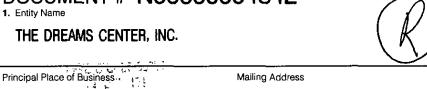
1. Entity Name

THE DREAMS CENTER, INC.



FILED Sep 07, 2000 8:00 am Secretary of State

09-07-2000 90005 015 ****61.25



Mailing Address

1 ST. JAMES AVE.

1 ST. JAMES AVE. 1999 (TAC 15). LAKE CITY FL 32025 LAKE CITY FL 32025 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HYSELL, THREASA 1 ST. JAMES AVE! LAKE CITY FL 32025 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Pavable to \$5.00 May Be **Department of State** After September 13, 2000 min. will be \$236.25 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. JIDECTOR TITLE ☐ Delete TITLE Change Addition JOHNS, LONNIE RAY JR Wayne Godsmark NAME NAME 40,130×1332 STREET ADDRESS RT. 10. BOX 453 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE CITY FL 32025 ☐ Delete Addition JOHNS, JONATHON MARK NAME RT. 6, BOX 436 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE CITY FL 32025 TITLE DST ☐ Delete TITLE ☐ Change Addition NAME HYSELL, THREASA STREET ADDRESS 1 ST. JAMES AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE CITY FL 32025 ☐ Delete ☐ Change ■ Addition TITLE NICHOLS, DAVID NAME NAME RT. 12, BOX 148-C STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE CITY FL 32025 ■ 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.

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE.

NAME 12"

STREET ADDRESS CITY-ST-ZIP

NAME: 12

CITY-ST-ZIP

STREET ADDRESS

STANDLICK, BILL

RT. 11, BOX 161

LAKE CITY FL 32024

人性的性質

Delete

Daytime Phone #

☐ Change

Change

■ Addition