

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000004842

FILED
Sep 12, 2002
Secretary of State

Entity Name: THE DREAMS CENTER, INC.

Current Principal Place of Business:

10 NE JUSTICE ST
LAKE CITY, FL 32055

New Principal Place of Business:

154 NW VETERAN'S WAY
LAKE CITY, FL 32055

Current Mailing Address:

P.O. BOX 1524
LAKE CITY, FL 32056

New Mailing Address:

FEI Number: 59-3677735

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HYSELL, THREASA
1 ST. JAMES AVE.
LAKE CITY, FL 32025 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: JOHNS, LONNIE RAY JR
Address: RT. 10, BOX 453
City-St-Zip: LAKE CITY, FL 32025

Title: VD () Delete
Name: JOHNS, JONATHON MARK
Address: RT. 6, BOX 436
City-St-Zip: LAKE CITY, FL 32025

Title: DST () Delete
Name: HYSELL, THREASA
Address: 1 ST. JAMES AVE.
City-St-Zip: LAKE CITY, FL 32025

Title: D (X) Delete
Name: NICHOLS, DAVID
Address: RT. 12, BOX 148-C
City-St-Zip: LAKE CITY, FL 32025

Title: D () Delete
Name: GODSMARK, WAYNE
Address: P.O. BOX 1332
City-St-Zip: HIGH SPRINGS, FL 32655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: LONNIE RAY JOHNS, JR

DP

09/12/2002

Electronic Signature of Signing Officer or Director

Date