

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 28, 2001 8:00 am**
Secretary of State

02-28-2001 90095 044 ***150.00

DOCUMENT # P00000011769

1. Entity Name

DREAMS OF WOOD, INC.

Principal Place of Business

Mailing Address

3511 NW 73 WAY
CORAL SPRINGS FL 33065**3511 NW 73 WAY**
CORAL SPRINGS FL 33065

2. Principal Place of Business

3. Mailing Address

2100 N. POWERLINERD**810 NW 84 DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BAY 14**POMPANO BCH, FL.****CORAL SPRINGS, FL**

Zip

Country

Zip

Country

33069**BROWARD****33071****BROWARD**

6. Name and Address of Current Registered Agent

4. FEI Number

65-0981719

Applied For

Not Applicable

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

7. Name and Address of New Registered Agent

STRAUB, JAMES**3511 NW 73 WAY****CORAL SPRINGS FL 33065**

Name

Street Address (P.O. Box Number is Not Acceptable)

810 NW 84 DRIVE

City

CORAL SPRINGS,**FL**

Zip Code

33071

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 **X**

Signature, typed or printed name of registered agent and title if applicable.

JAMES A. STRAUB - PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

1/5/019. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **STRAUB, JAMES**
STREET ADDRESS **3511 NW 73 WAY**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**TITLE ☒ Change ☐ Addition
NAME **STRAUB, JAMES**
STREET ADDRESS **810 NW 84 DRIVE**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME **SECRETARY/TREASURER**
STREET ADDRESS **DEBRA A. STRAUB**
CITY-ST-ZIP **810 NW 84 DRIVE**
CORAL SPRINGS, FL. 33071TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES A. STRAUB -

Date

1/5/01

Daytime Phone #

954-752-9724

CR2E034 (10/00)