

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State
03-22-2001 90040 037 ***150.00

DOCUMENT # P00000040132

1. Entity Name
DREAMWEAVERS' WEDDINGS, INC.

Principal Place of Business
**1480 NARRANJA ST.
PUNTA GORDA FL 33950**

Mailing Address
**1480 NARRANJA ST.
PUNTA GORDA FL 33950**

2. Principal Place of Business
1480 Narranja Street
Suite, Apt. #, etc.

3. Mailing Address
~~1480~~ **1480 Narranja St**
Suite, Apt. #, etc.

City & State
Punta Gorda FL
Zip **33950** Country **USA**

City & State
Punta Gorda FL
Zip **33950** Country **USA**

4. FEI Number
65-1009181

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**HOWELL, JENNIFER R
115 W. OLYMPIA AVE.
PUNTA GORDA FL 33951**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. 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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
President, Secretary	Kristi Favara	19971 Midway Blvd.	Port Charlotte, FL 33948		
Vice President, Treasurer	Joelle Beverly	1480 Narranja Street	Punta Gorda, FL 33950		

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: Kristi Favara KRISTI FAVARA 3/1/01 941-204-5683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)