2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P0000067051

1. Entity Name

DREAMWEAVER CUSTOM CHARTERS, INC.



FILED Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90231 046 ***150.00

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Principal Place of Business 2094 WILDRIDGE DRIVE TALLAHASSEE FL 32303		Mailing Address 2094 WILDRIDGE DRIVE TALLAHASSEE FL 32303					
2. Principal Place of Business		3. Mailing Address			-	in dishi kenji beli	e i e iibi iibi i e di
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		-	4. FEI Number 59-3658371		Applied For Not Applicable
Zip Country		Zip	Country Country		5. Certificate of Status Desired	\$8.75 A	dditional
	6. Name and Address of Curren	Registered Agent			7. Name and Address of New Registere	•	red
WEAVER,	IW ID		:	Name	چاپد مد الیک دارچا ندان دارچاپ الیک بیده بیدهای ا		
	DRIDGE DRIVE		Street Address		P.O. Box Number is Not Acceptable)		
TALLAHA	SSEE FL 32303						
				City	F		-
8. The above the obligation	named entity submits this statement for tions of registered agenta	or the purpose of changing i	its registered	office or registere	ed agent, or both, in the State of Florida. I an	n familiar with	, and accept
	// ////						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	OTE: Registered A	gent signature required v	when reinstating) DATE		
	ILE NOW!!! FEE IS \$150.00		-1	· · · · · · · · · · · · · · · · · · ·			
After Make Check	r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department o	f State			9. Election Campaign Financing Trust Fund Contribution.	\$5.6 □ Adde	00 May Be ed to Fees
10.	OFFICERS AND		11,	<u> </u>	ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTOR	DC IN 44
TITLE	Р	☐ Delete	TITLE	<u> </u>	ABBITIONO/CHANGES TO OFFICERS AN	☐ Change	AS IN 11
NAME STREET ADDRESS	WEAVER, JAMES W JR 2094 WILDRIDGE DR		NAME			omango	
CITY-ST-ZIP	TALLAHASSEE FL 32303		STREET A	ADDRESS - ZIP			}
TITLE		☐ Delete	TITLE			☐ Change	Addition
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TITLE NAME		☐ Delete	TITLE		_	☐ Change	☐ Addition
STREET ADDRESS			NAME Street ad	DUBESS			
CITY-ST-ZIP			CITY-ST-				Ì
12. I hereby co	ertify that the information supplied with	this filing does not qualify fo	or the exempti	ion stated in Secti	ion 119.07(3)(i), Florida Statutes, Lfurther cel	rtify that the in	oformation

12. Thereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-03

850-531-0454