

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90005 006 ***150.00

DOCUMENT # **9000000075844**

1. Entity Name

FOLLOW YOUR DREAMS, INC.

Principal Place of Business

Mailing Address

**9305 WELLINGTON PARK CIRCLE
 TAMPA, FL 33647**

SAME

C0070895

2. Principal Place of Business

3. Mailing Address

9305 WELLINGTON PARK CIRCLE

9305 WELLINGTON PARK CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
TAMPA, FL

City & State
TAMPA, FL

4. FEI Number

59-3670287

Applied For

Not Applicable

Zip

33647

Country

USA

Zip

33647

Country

USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROBERT J. SHUTTERA
 13555 AUTOMOBILE BLVD. SUITE 540
 CLEARWATER, FL 33762**

7. Name and Address of New Registered Agent

Name
LAURA THORNBERRY
 Street Address (P.O. Box Number is Not Acceptable)
9305 WELLINGTON PARK CIRCLE
 City
TAMPA FL Zip Code
33647

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 **Laura Thornberry, director LAURA THORNBERRY** **5/30/01**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 **D** ☐ Delete
 NAME **LAURA ANNE THORNBERRY**
 STREET ADDRESS **9305 WELLINGTON PARK CIRCLE**
 CITY-ST-ZIP **TAMPA, FL 33647**

TITLE **D** ☒ Delete
 NAME **CASSANDRA YVETTE ALLEN**
 STREET ADDRESS **2902 PENTAGON COURT #2302**
 CITY-ST-ZIP **TAMPA, FL 33607**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ 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: **Laura Anne Thornberry, director** **5/30/01** **813-991-0046**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)