FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91767 049 ***163.75

[redacted]

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000097257

1. Entity Name
DREAM HOME ~~[illegible]~~ PROPERTIES, INC

DO NOT WRITE IN THIS SPACE

90128551

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
405 S. DALE MABRY HWY		405 S. DALE MABRY HWY	
Suite, Apt. #, etc. SUITE # 344		Suite, Apt. #, etc. SUITE # 344	
City & State TAMPA FL		City & State TAMPA, FL	
Zip 33609	Country HILLSBOROUGH	Zip 33609	Country HILLSBOROUGH

4. FEI Number 59-3676951 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name DAVE MOSHER
Street Address (P.O. Box Number is Not Acceptable) 405, S. DALE MABRY HWY SUITE # 344
City TAMPA **FL** Zip Code 33609

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] DAVE MOSHER 4-30-03
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

MANAGING MEMBERS/MANAGERS

TITLE	PRESIDENT	TITLE	
NAME	DAVE MOSHER	NAME	
STREET ADDRESS	405. S. DALE MABRY HWY SUITE # 344	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33609	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] DAVE MOSHER PRESIDENT 4/30/03 813-966-9922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #