2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 AM
Secretary of State

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Entity Name: DREAM HOMES OF SEBRING, INC.

Current Principal Place of Business:

129 SOUTH COMMERCE AVE
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

C/O WALZ & COMPANY
1117 US 27 SOUTH
SEBRING, FL 33870

New Mailing Address:

FEI Number: 59-3681344 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAW OFFICE OF JAMES F MCCOLLUM, P.A.
129 SOUTH COMMERCE AVE
SEBRING, FL 33870

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	WALZ, NORBERT	
Address:	4115 LAFAYETTE AVE	
City-St-Zip:	SEBRING, FL 33872	
Title:	D	( ) Delete
Name:	WALZ, JOANN	
Address:	4115 LAFAYETTE AVE	
City-St-Zip:	SEBRING, FL 33872	
Title:	D	( ) Delete
Name:	RIMER, JAMES	
Address:	3790 ENCHANTED OAKS LANE	
City-St-Zip:	SEBRING, FL 33875	
Title:	D	( ) Delete
Name:	RIMER, KATHLEEN A	
Address:	3790 ENCHANTED OAKS LANE	
City-St-Zip:	SEBRING, FL 33875	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORBERT A WALZ MR 04/30/2002

Electronic Signature of Signing Officer or Director — Date