FILED
May 17, 2002 8:00 am
Secretary of State
05-17-2002 90040 029 ***150.00

2002 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000009296

1. Entity Name

DREAM D ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1095 HIDDENWOODS RD
Suite, Apt. #, etc.
City & State: JACKSONVILLE FL
Zip: 32220 Country: USA

3. Mailing Address
1095 HIDDENWOODS RD
Suite, Apt. #, etc.
City & State: JACKSONVILLE FL
Zip: 32220 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3693356 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: DEBRA L. TALLEY
Street Address (P.O. Box Number is Not Acceptable): 1095 HIDDENWOODS RD
City: JACKSONVILLE FL Zip Code: 32220

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 if Applicable)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1-May 1, Fee is $150.00
After May 1, Fee is $500.00
Amended UBR is $61.25
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	DPT
NAME	DEBRA L. TALLEY
STREET ADDRESS	1095 HIDDENWOODS RD
CITY-ST-ZIP	JACKSONVILLE FL 32220
TITLE	DVS
NAME	DONALD M. ROBERTS
STREET ADDRESS	6847 CORAL BERRY LN
CITY-ST-ZIP	JACKSONVILLE FL 32244

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Debra L. Talley April 29, 2002 (904) 266-1200 (ext 161)
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #