2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 24, 2003 8:00 am Secretary of State 04-10-2003 90098 044 ***158.75

DOCUMENT # PO100 1. Entity Name DREAM CAR CONNECTION, INC.	00077135				, , , , , , , , , , , , , , , , , , ,		
Principal Place of Business ** JUPITER LAW CENTER 6390 INDIANTOWN RD. SUITE 0 JUPITER FL 33458 2. Principal Place of Business		% JUPITER LAW CENTER 6390 INDIANTOWN RD. SUITE 0 JUPITER FL 33458					
Suite, Apt. #, etc.	Suite, Apt, #, etc. Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State	& State City & State			4. FEI Number 65-1129357		Applied For Not Applicable	
Zip Country 8. Name and Address of Current	Zip	Country		Certificate of Status Desired 7. Name and Address of New Registers	\$8.75 Addit	lonal	
FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE FT. 33311-4132 8. The above named entity submits this statement to	the gurage of changing its	6390 City	Jupi	D. GUMSON EGG D. Box Number is Not Acceptable) LAW CENTER ILANGUARD, Suite : TER F	L 33%	-6 M accept	
the obligations of registered agent SIGNATURE Signature, typed or physical narran descriptions agent a	\$	E: Registered Agent signate				accept .	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of				9. Election Campaign Financing Trust Fund Contribution.	\$5.00 Added to	Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DEFICERS AND COMMENTED P STREET ADDRESS SUPER FL 32458	☐ Oelete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DONA	ADDITIONS/CHANGES TO OFFICERS AND THE CHANGE TO OFFICERS AND THE CHANGES TO OFFICERS AND		Addition AC (10/05)	
TITLE SVD -NAME STREET ADDRESS CITY-ST-ZIP JUBITER FL 33477	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	251 S	HD HECKMON WINDERMERE WAY BEAGGENERS, FL 3		Addition &	
TITLE SYD HECKMAN STREET ADDRESS 741 Whidh the Wa CITY-ST-ZIP JAM CRACK TANKS	4 5 FL33418	NAME STREET ADDRESS CITY-ST-ZIP				Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change (Addition	
TITLE NAME STREET ADDRESS : CITY-ST-ZIP	☐ Delicte	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change [Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP	☐ Oelste	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change [Addition	
12. I hereby certify that the information supplied with t indicated on this report of supplemental report is to of the corporation or the receiver or trustee emporchanged, or on an attachment with an address, with the corporation of the receiver or trustee emporence of the corporation or the receiver or trustee emporence o	his filing does not qualify for rue and accurate and that in ared to execute this report thall pine ke emigowered.	the exemption state by signature shall have required by Chap	ed in Section ive the same oter 607, Fl	on 119.07(3)(i), Florida Statutes, I further on the legal effect as if made under oath; that orida Statutes; and that my name appears 444-D3 566-			