

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90145 032 ***150.00

0143786 AT

DOCUMENT # P02000012362

1. Entity Name
DREAMS COME TRU, INC.



Principal Place of Business
**434 S W HORSESHOE BAY
PORT ST. LUCIE FL 34986**

Mailing Address
**434 S W HORSESHOE BAY
PORT ST. LUCIE FL 34986**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

35-2162272

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MCINTOSH, JOANN
434 S W HORSESHOE BAY
PORT ST. LUCIE FL 34986**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MCINTOSH, JOANN**
CITY-ST-ZIP **434 S W HORSESHOE BAY
PORT ST. LUCIE FL 34986**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MCINTOSH, JOHN H**
CITY-ST-ZIP **434 S W HORSESHOE BAY
PORT ST. LUCIE FL 34986**

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

11. 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
NAME
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (4/03)

Attachment

FBI-35-2162272
90147769
Pb2000012342

**Dreams Come Tru, Inc.
434 SW Horseshoe Bay
Port Saint Lucie , FL 34986
July 14, 2003**

To whom it may concern,

I have just received this UBR form. I am clueless as to what it reference to. I visited your web page and I still have no idea who are paying for. I have enclosed a check for \$150.00 which you say I have to - or my corporation will be dissolved. I was never sent information about this money due before now so please waive the fees you are asking for.

I would appreciate some kind of explanation as to what this payment is going towards. What is UBR?

Thank you!

Rev - Jo Ann McIntosh
**Jo Ann McIntosh
President, Dreams Come Tru, Inc.**