

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90824 025 ***150.00

DOCUMENT # P02000021621

1. Entity Name
MY FLORIDA DREAM, INC.



Principal Place of Business
**14452-B CANALVIEW DRIVE
HIGHPOINT WEST 2
DELRAY BEACH FL 33484**

Mailing Address
**14452-B CANALVIEW DRIVE
HIGHPOINT WEST 2
DELRAY BEACH FL 33484**

2. Principal Place of Business

3. Mailing Address

16686 MADRID COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

Country

Zip

Country

33434

4. FEI Number

04-3629130

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

**SERVAIS, ELISABETH
14452-B CANALVIEW DRIVE
HIGHPOINT WEST 2
DELRAY BEACH FL 33484**

7. Name and Address of New Registered Agent

Name

ELISABETH SERVAIS

Street Address, P.O. Box Number (if Not Applicable)

16686 MADRID COURT

City

DELRAY BEACH

FL

Zip Code

33434

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 \$150.00
After May 1, 2003 Fee will be \$550.00
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 **D** ☐ Delete
NAME **SERVAIS, ELISABETH**
STREET ADDRESS **14452-B CANALVIEW DRIVE HIGHPOINT WEST 2**
CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
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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
STREET ADDRESS
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)