

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90183 016 ***150.00

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DOCUMENT # P02000089038

1. Entity Name
REALTYNET DREAM HOMES, INC.



Principal Place of Business
**2851 SPRING HEATHER PLACE
OVIEDO FL 32766**

Mailing Address
**2851 SPRING HEATHER PLACE
OVIEDO FL 32766**



2. Principal Place of Business

561 E. Mitchell Hammock Rd.

Suite, Apt. #, etc.
Ste. 300

City & State
Oviedo FL

Zip Country
32765 USA

Mailing Address

561 E. Mitchell Hammock Rd.

Suite, Apt. #, etc.
300

City & State
Oviedo FL

Zip Country
32765 USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

35-2178066

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ENGLERT, DARCIE
2851 SPRING HEATHER PLACE
OVIEDO FL 32766**

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 *Darcie Englert*

Signature, typed or printed name of registered agent and applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/16/03

**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 NAME ☐ Delete
PD PRATT, TINA
STREET ADDRESS **2851 SPRING HEATHER PLACE**
CITY-ST-ZIP **OVIEDO FL 32766**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE NAME ☐ Change ☐ Addition
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 #

1/16/03

CR2E034 (10/02)