

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90220 033 ***150.00

0112055 AV

DOCUMENT # P94000054899

1. Entity Name
DREAMLAND PRODUCTIONS, INC.

Principal Place of Business
2863 REGAL LANE
OVIEDO FL 32765

Mailing Address
P.O. BOX 1114
GOLDENROD FL 32733-1114

2. Principal Place of Business
1114 Kempton Chase Pkwy
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 771177
 Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
Orlando FL

Zip
32837

Country
USA

Zip
32877

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3167042

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

6. Name and Address of Current Registered Agent
GAY, JEFFERY
2863 REGAL LANE
OVIEDO FL 32765

7. Name and Address of New Registered Agent
 Name **GAY, Jeffery**
 Street Address (P.O. Box Number is Not Acceptable)
1114 Kempton Chase Pkwy
 City **Orlando** FL **32837**

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 **4/20/02**

Signature, typed or printed name of registered agent not applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAY, JEFFREY 2863 REGAL LANE OVIEDO FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GAY, CONNIE 2863 REGAL LANE OVIEDO FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **4-20-02 407-850-9555**

SIGNATURE REQUIRED

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)