

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**  
 02-08-2001 90150 012 \*\*\*150.00

**DOCUMENT # P96000007046**

1. Entity Name  
**DREAMWEB CONSULTANTS, INC.**

Principal Place of Business      Mailing Address  
**133 - 80TH AVENUE, NORTH**      **133 - 80TH AVENUE, NORTH**  
**ST. PETERSBURG FL 33702**      **ST. PETERSBURG FL 33702**

**918989**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**10460 Roosevelt Blvd.**      **10460 Roosevelt Blvd.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**# 308**      **# 308**

City & State      City & State  
**St. Petersburg, FL**      **St. Petersburg, FL**  
 Zip      Country      Zip      Country  
**33716**           **33716**           **33716**

4. FEI Number      59-3354885      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent  
**MCKEON, CAROLYN**  
**133 - 80TH AVENUE, NORTH**  
**ST. PETERSBURG FL 33702**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**10460 Roosevelt Blvd.**  
**# 308**  
 City      State      Zip Code  
**St. Petersburg**      **FL**      **33716**

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 Carolyn McKeon      DATE 2/05/01  
 Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐      **FILE NOW!!! FEE IS \$150.00**  
 (See criteria on back)      **After MAY 1, 2001 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	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	MCKEON, CAROLYN				
STREET ADDRESS	133 - 80TH AVENUE, NORTH				
CITY-ST-ZIP	ST. PETERSBURG FL 33702				
D	PORTMANN, SHAWN V				
STREET ADDRESS	121 1ST STREET EAST #103				
CITY-ST-ZIP	TIERRA VERDE FL 33715				
D	TRAINOR, DEBI				
STREET ADDRESS	3506 EHRlich ROAD				
CITY-ST-ZIP	TAMPA FL 33618				
D	MILASUS, ZACHARY				
STREET ADDRESS	4628 - 5TH AVENUE NORTH				
CITY-ST-ZIP	ST. PETERSBURG FL 33713				

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: Carolyn McKeon      Carolyn McKeon      DATE 2/05/01      DAYTIME PHONE # 727 578 0044  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)