

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000060798

1. Entity Name

DREAMCASTLE, INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90350 002 \*\*\*150.00

Principal Place of Business

Mailing Address

3115 W. BARCELONA SR.  
TAMPA FL 33629

3115 W. BARCELONA SR.  
TAMPA FL 33629-7209

2. Principal Place of Business

502 S FREMONT AVE

3. Mailing Address

502 S FREMONT AVE

Suite, Apt. #, etc.

422

Suite, Apt. #, etc.

422

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-3389322

Applied For

Not Applicable

Zip

33606-2095

Country

Zip

33606-2095

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARRISH, JOHN A

3115 W. BARCELONA SR 502 S FREMONT AVE #422  
TAMPA FL 33629 TAMPA FL 33606-2095

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if 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, 2000 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 **D** ☐ Delete  
NAME PARRISH, JOHN A  
STREET ADDRESS 3115 W BARCELONA SR  
CITY-ST-ZIP TAMPA FL 33629

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 502 S FREMONT AVE #422  
CITY-ST-ZIP TAMPA FL 33606-2095

TITLE **D** ☐ Delete  
NAME PARRISH, CHERYL A  
STREET ADDRESS 3115 W. BARCELONA SR  
CITY-ST-ZIP TAMPA FL 33629

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 502 S FREMONT AVE #422  
CITY-ST-ZIP TAMPA FL 33606-2095

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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

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:

*SIGNATURE*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/00 813-258-3771

CR2E034 (9/99)