2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an

SIGNATURE:

FILED Apr 12, 2000 8:00 am Secretary of State DOCUMENT # **P97000096451** 1. Entity Name SWEET DREAMS SING & DANCE HALL, INC. 04-12-2000 90191 040 ***150.00 Principal Place of Business Mailing Address 12870 FRONTREACH RO 12870 FRONTBEACH RD PANAMA CITY BEACH FL 32413 PANAMA CITY BEACH FL 32407-3399 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3476940 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ERNUT LEE, ERNEST C SR Box Number is Not Acceptable 226 LAKEVIEW CIR. PANAMA CITY BEACH FL 32413 ロフ 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ERNEST C. SK. PS Change Addition TITLE TITLE ☐ Delete LEE, ERNEST C JR 613-A LAURELST NAME NAME Address orly STREET ADDRESS 614 LAUREL ST. STREET ADDRESS CITY-ST-ZIP PANAMA CITY BEACH FL 32407 CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE LEE, PAULA A NAME Address only STREET ADDRESS STREET ADDRESS 614 LAUREL ST. CITY-ST-ZIP PANAMA CITY BEACH FL 32407 CITY-ST-ZIP Change Addition TITLE Delete KEVIN LEE Address or 4 LEE, KEVIN J NAME 22245 INLET BEACH DRIVE 226 LAKEVIEW CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CMy BEACH, 96 PANAMA CITY BCH FL 32413 ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change | ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P 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 in the composition of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the corporat