

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 12, 2003 8:00 am
Secretary of State

0027641 AV

03-12-2003 90113 016 ***150.00

DOCUMENT # **P98000061142**

1. Entity Name
DREAM TEAM OF JACKSONVILLE, INC.



Principal Place of Business
**1903 RIVER BLUFF RD N
JACKSONVILLE FL 32211**

Mailing Address
**1903 RIVER BLUFF RD N
JACKSONVILLE FL 32211**

2. Principal Place of Business
6850 Dayton rd
Suite, Apt. #, etc.

3. Mailing Address
6850 Dayton Rd
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number
59-3522049

Applied For
 Not Applicable

Zip Country
32210 Duval

Zip Country
32210 Duval

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

O'BRIEN, DONALD J
~~1903 RIVER BLUFF RD N
JACKSONVILLE FL 32211~~

**6850 Dayton rd
Jacksonville, FL
32210**

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 **Donald J. O'Brien**

3-11-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DPST	O'BRIEN, DONALD J	2938 BRACKRIDGE BLVD W	JACKSONVILLE FL 32216	<input checked="" type="checkbox"/>
DPST	O'Brien, Donald J	6850 Dayton Rd	Jax, FL 32210	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 another like empowered.

SIGNATURE: **Donald J. O'Brien**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-03
Date

904-626-4824
Daytime Phone #

CR2E034 (10/02)