

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
 05-11-2001 90092 029 ***150.00

0559074

DOCUMENT # P98000064643

1. Entity Name
DREAMWAVE PRODUCTIONS, INC.

Principal Place of Business
**9316 COMEAU ST.
 GOTHA FL 34734**

Mailing Address
**9316 COMEAU ST.
 GOTHA FL 34734**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13044 LAKewind DR.
 Suite, Apt. #, etc.

3. Mailing Address
13044 LAKewind DR.
 Suite, Apt. #, etc.

City & State
Clermont FLorida
 Zip
34711 Country
USA

City & State
Clermont FLorida
 Zip
34711 Country
USA

4. FEI Number **NOT APPLICABLE**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SMITH, KRISTINE
 9316 COMEAU ST.
 GOTHA FL 34734**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
13044 LAKewind DR
 City **Clermont** **FL** Zip Code **34711**

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 *Kristine Smith* **Registered Agent** **4-23-01**
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, 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

TITLE **PD** ☐ Delete
 NAME **SMITH, DAVID G**
 STREET ADDRESS **9316 COMEAU ST**
 CITY-ST-ZIP **GOTHA FL 34734**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: *David G Smith* **President** **4-23-01** **352-241-8338**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)