

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000094555

1. Entity Name

ROONEY'S DREAMBUILDERS, INC.

Principal Place of Business

864 CREIGHTON ROAD
ORANGE PARK FL 32073

Mailing Address

864 CREIGHTON ROAD
ORANGE PARK FL 32073

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3540995

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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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, 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
STREET ADDRESS
CITY-ST-ZIP
PSTD
ROONEY, MARK D
864 CREIGHTON ROAD
ORANGE PARK FL 32073 ☐ Delete

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

TITLE
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☐ Change ☐ Addition

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 it 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 807, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

06-15-2001 90616 050 ***150.00
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FILED

01 SEP 14 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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Dear Division of Corporation,

I Mark Rooney, owner of Rooney's Dreambuilders, Inc. am asking not to pay the late filing fee.

Due to a separation, receiving my mail was a task. I was not staying at the 864 Creighton Rd for a period of 10 1/2 months but know I am back at the 864 Creighton Rd address since the beginning of Sept. 01.

I am a single parent of a 5 year old daughter know staying at the 864 Creighton Rd address and will be able to receive my mail with no barriers. I hope you can understand my mistake in the filing of my 2001 uniform Business Report late.

Thank you

Mark Rooney

Rooney's Dreambuilders, Inc.
864 Creighton Rd
Orange Park FL 32073

Home # 904-269-4777

Cell # 904-860-7451