


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

**FILED**  
**Sep 13, 2004 8:00 am**  
**Secretary of State**

08-26-2004 90003 039 \*\*\*150.00

DOCUMENT # <b>P9800094555</b>	
1. Entity Name <b>Rodney's Dreambuilders Inc.</b>	

**DO NOT WRITE IN THIS SPACE**

**66433541**

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2. Principal Place of Business <b>164 Creighton Rd</b> Suite, Apt. #, etc.		3. Mailing Address <b>164 Creighton Rd.</b> Suite, Apt. #, etc.		4. FEI Number <b>59-3540995</b>	Applied For <input type="checkbox"/> Not Applicable
City & State <b>Orange Park FL</b>	City & State <b>Orange Park FL</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
Zip <b>32003</b>	Country <b>Chay</b>	Zip <b>32003</b>	Country <b>CLAY</b>		

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <b>Mark Rooney</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>164 Creighton Rd.</b>	
City <b>Orange Park</b>	State <b>FL</b>
Zip Code <b>32003</b>	

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Owner Mark Rooney</b> <b>Rooney's Dreambuilders</b> <b>164 Creighton Rd.</b> <b>Orange Park FL 32003</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: <b>Mark Rooney</b>	Date: <b>8/20/04</b>	Daytime Phone: <b>904-29-4777</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E034B (12/02)

Attachment

66433541

Doc. # P98000054555-

To whom it may concern:

I, Mark Looney was unaware that the Business report forms were not being mailed this year. With no help in the office it was overlooked. By not receiving a notice for filing on - line I hope that I will not have to pay the late fees.

Thanks so much!

Mark Looney