

2000 UNIFORM BUSINESS REPORT

DOCUMENT # P98000099030

1. Entity Name

DREAMMAKERS SPECIALTIES, INC.

Principal Place of Business

2070 S. ORANGE BLOSSOM TRAIL
APOPKA FL 32703

Mailing Address

2070 S. ORANGE BLOSSOM TRAIL
APOPKA FL 32703

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SERAFINE, FRANK
2070 S. ORANGE BLOSSOM TRAIL
APOPKA FL 32703

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

4. FEI Number

59-3546075

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
SERAFINE, FRANK
2070 S. ORANGE BLOSSOM TRAIL
APOPKA FL 32703

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
SERAFINE, LISA J
2070 S. ORANGE BLOSSOM TRAIL
APOPKA FL 32703

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FRANK SERAFINE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-6-00

Date

407-880-2

Daytime Phone #

FILED
Sep 08, 2000 8:00 am
Secretary of State

09-08-2000 90008 022 ***150.00



DO NOT WRITE IN THIS SPACE

DreamMakers Specialties, Inc. ^{1117#P98000099030} ^{OW84529}

2070 SOUTH ORANGE BLOSSOM TRAIL
APOPKA, FL 32703
(407) 880-2300 • FAX (407) 880-2350

September 6, 2000

Florida Department of State
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

Re: #P98000099030
Annual Report

To Whom It May Concern:

Enclosed is check in the amount of \$150.00 for our annual filing fee. I am of hopes that this amount will be accepted, as through no fault of ours is this late filing. I never received the 2000 profit Corporation Annual Report Packet and just this past week received the 2000 Uniform Business Report. I filed in a timely manner for 1999 as I received the packet in which to do so. I don't know if the packet was lost in the mail, never delivered or what. We are a very small newly formed company and such a large penalty for filing late would put a hurt to our small budget.

I wish to thank you in advance for your consideration and understanding.

Sincerely:



Frank Serafine
President