2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2001 8:00 am
Secretary of State
05-30-2001 90034 024 ***550.00

DOCUMENT # P99000018302

1. Entity Name: Dreamsharers International, INC.

Principal Place of Business: 204 South Marion St. Lake City, Fl. 32025

Mailing Address: P.O. Box 2137 Lake City, FL 32056

A0072277

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
204 S. Marion St.	P.O. Box 2137
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake City, FL.	City & State: Lake City, FL
Zip: 32025 Country: USA	Zip: 32056 Country: USA

4. FEI Number: 593562418 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Duane E. Thomas
204 S. Marion St.
Lake City, FL 32025

7. Name and Address of New Registered Agent

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

Field	Entry	
TITLE	Director / Pres.	☐ Delete
NAME	Jeffery S. Ruffo	
STREET ADDRESS	P.O. Box 2137	
CITY-ST-ZIP	Lake City, FL 32056	
TITLE	Director	☐ Delete
NAME	Teena M. Ruffo	
STREET ADDRESS	P.O. Box 2137	
CITY-ST-ZIP	Lake City, FL 32056	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Field	Entry	
TITLE	S	☐ Change ☒ Addition
NAME	Duane E. Thomas	
STREET ADDRESS	P.O. Box 2137	
CITY-ST-ZIP	Lake City, FL 32056	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Duane E. Thomas / Duane E. Thomas Registered Agent / Sec. — 5/22/01 — (904) 755-5014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #