

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90191 035 ***150.00

DOCUMENT # P99000031768

1. Entity Name
DREAMTRUE INC.

Principal Place of Business Mailing Address
FALCON RUN LANE 4214 FALCON RUN LANE
FL 32068 MIDDLEBURG FL 32068-3722

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 59-3565697 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

OLSON, ERIC
4214 FALCON RUN LANE
MIDDLEBURG FL 32068

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 ERIC R. OLSON

(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, 2000 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

OFFICERS AND DIRECTORS

NAME ST- ZIP	PERIC OLSON 4214 FALCON RUN LN MIDDLEBURG, FL 32068	<input type="checkbox"/> Delete
NAME ST- ZIP		<input type="checkbox"/> Delete
NAME ST- ZIP		<input type="checkbox"/> Delete
NAME ST- ZIP		<input type="checkbox"/> Delete
NAME ST- ZIP		<input type="checkbox"/> Delete
NAME ST- ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Eric R. Olson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)