5/22/00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068606

1. Entity Name

Dream Home Mortgages, Inc.

FILED
00 MAY 22 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4251 University Blvd South #102 Jacksonville FL 32216	4251 University Blvd S, #102 Jacksonville FL 32216

2. Principal Place of Business	3. Mailing Address
4251 University Blvd South	4251 University Blvd South
Suite, Apt. #, etc. #102	Suite, Apt. #, etc. #102
City & State: Jacksonville FL	City & State: Jacksonville FL
Zip: 32216 Country: USA	Zip: 32216 Country: USA

DO NOT WRITE IN THIS SPACE

05/22/00 90078 020 150.00

4. FEI Number: 59-3591315 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Marcus L Hancher
2509 Independence Drive
Jacksonville Beach FL 32250

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 ______________________
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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President / Marcus L Hancher / 2509 Independence Drive / Jacksonville FL 32250 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: ✓ [signature] 5/1/00 (904)733-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #