

AMENDED

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068606

1. Entity Name

DREAM HOME MORTGAGE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 22 PM 12:17

Principal Place of Business

Mailing Address

(SAME)

4251 UNIVERSITY BLVD. S.

SUITE 102

JACKSONVILLE, FL 32216

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

59-3591315

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARCUS HANCHER
2509 INDEPENDENCE DR.

JACKSONVILLE, FL 32250

7. Name and Address of New Registered Agent

Name

LARRY OLGUIN

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

3701 DANFORTH DRIVE #411

JACKSONVILLE

City

JACKSONVILLE

FL

Zip Code

32224

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)

LARRY OLGUIN PRESIDENT

9-29-00

(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: PRESIDENT
NAME: MARCUS HANCHER
STREET ADDRESS: 2509 INDEPENDENCE DR.
CITY-ST-ZIP: JACKSONVILLE BEACH, FL 32250

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PRESIDENT
NAME: LARRY OLGUIN
STREET ADDRESS: 3701 DANFORTH DRIVE #411
CITY-ST-ZIP: JACKSONVILLE, FL 32224

☐ Change

☒ Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY OLGUIN

9-29-00

904-349-5876

CR2E034 (5/00)