

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 31, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000097528**1. Entity Name  
DREAM BIG, INC.

## Principal Place of Business

4285 TURTLE MOUND ROAD

MELBOURNE

32934

FL

## Mailing Address

4285 TURTLE MOUND ROAD

MELBOURNE

32934

FL

## 2. Principal Place of Business

Suite, Apt. #, etc.

## 3. Mailing Address

4735 WILLOW BEND DRIVE

Suite, Apt. #, etc.

## City &amp; State

## City &amp; State

MELBOURNE

FL

Zip

Country

Zip

Country

32935

## 4. FEI Number

59-3639930

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

PLATT JACK ESQ.  
520 NORTH HARBOR CITY BLVD.

MELBOURNE

32935

US

FL

## 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)

01/31/2001

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, 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

TITLE	TD	<input type="checkbox"/> Delete
NAME	CASTELLANA PAMEL	
STREET ADDRESS	4735 WILLOW BEND CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JOHNSON CANDICE	
STREET ADDRESS	3368 LAKE VIEW CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCDOWELL JAMIE	
STREET ADDRESS	4285 TURTLE MOUND ROAD	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTELLANA PAMELA	
STREET ADDRESS	4735 WILLOW BEND CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** Pamela Castellana

TD

01/31/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)