

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State
 04-16-2002 90139 006 ***150.00

DOCUMENT # S68081

1. Entity Name
MISS DREAM GIRL AMERICA, INC.

Principal Place of Business
4096 PONTE VEDRA BLVD
JACKSONVILLE BEACH FL 32250
US

Mailing Address
4096 PONTE VEDRA BLVD
JACKSONVILLE BEACH FL 32250
US

DUUUUUUU



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3082346**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANDERS, KEVIN S PA
817 WILLOW BRANCH AVE.
SUITE 2925
JACKSONVILLE FL 32205

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 _____ (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, 2002 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	D	<input type="checkbox"/> Delete
NAME	BUTTS, PATSY	
STREET ADDRESS	4096 PONTE VEDRA BLVD.	
CITY-ST-ZIP	JACKSONVILLE BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUTTS, ELLIOT W	
STREET ADDRESS	4096 PONTE VEDRA BLVD.	
CITY-ST-ZIP	JACKSONVILLE BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOLF, CONNIE	
STREET ADDRESS	117 MARSH REED LANE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Mrs. Beth Tresca	
STREET ADDRESS	137 Island Drive	
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mrs. Beth Tresca	
STREET ADDRESS	137 Island Drive	
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mrs. Heather Lane Guizzo	
STREET ADDRESS	214 30th Avenue, South	
CITY-ST-ZIP	Jacksonville Beach, FL 32250	
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: **Patricia H. Butts, Director** 4/2/2002 (904) 385-2278
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)