

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED

03 MAR -6 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M83487**

1. Entity Name
Island Dreams North, Inc



DO NOT WRITE IN THIS SPACE

000014093900
03/14/03--01080--003 **150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13 Gulf Blvd.

3. Mailing Address
PO Box 5145

Suite, Apt. #, etc.

City & State
Palm Island FL

City & State
Grove City FL

4. FEI Number
650046534

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

Zip **US** Country **US** Zip **34224** Country **US**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
John R. Boyer

Street Address (P.O. Box Number is Not Acceptable)
13 Gulf Blvd (Mailing: PO Box 5145)

City
Palm Island FL Zip Code **34224**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1: Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Pres. John R. Boyer 13 Gulf Blvd, Palm Island FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Sec. Diane Kay Boyer 13 Gulf Blvd. Palm Island FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/27/03** Daytime Phone # **941-697-0198**

CR2E034B (12/02)

js 5/6

Attachment

#M 83487

**Island Dreams, North
PO Box 5145
Grove City, FL 34224
(941) 697-0198
(941) 697-2070 Fax**

February 27, 2003

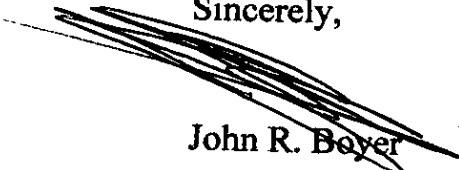
Department of State
Division of Corporations

To Whom It May Concern:

I have enclosed a request for reinstatement of my corporation as well as a copy of the Uniform Business Report I filed on April 30, 2002 and a copy of the cancelled check showing that you received my payment. I was told by your office that my corporation was listed as defunct because a letter was mailed from your office on May 20, 2002 requesting my Federal ID number. I never received this letter, as it was sent to the physical address of my business, which is located on a small barrier island and receives no mail delivery. I never heard from your office and since the check was paid by my bank, I assumed there was no problem. I would greatly appreciate it if you would waive the reinstatement fee due to the fact that I never received your follow-up letter.

I am enclosing my 2003 Uniform Business Report with a check for \$150.00 payable to the Department of State. As you will notice, I have filled in the proper mailing address both for myself and my business as well as my federal ID number. I apologize for the confusion and hope that you will waive the reinstatement fee. Please do not hesitate to call me or write to me if you need additional information. Thank you for your attention to this matter.

Sincerely,



John R. Boyer

President