

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N98000006916**

1. Entity Name

**DAYDREAMS, INC.**

**FILED**  
**Aug 08, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90096 034 \*\*\*\*61.25

Principal Place of Business

P.O. BOX 234  
 CRYSTAL SPRINGS FL 33524

Mailing Address

P.O. BOX 234  
 CRYSTAL SPRINGS FL 33524

2. Principal Place of Business

**3903 Empedrado St.**

3. Mailing Address

**3903 Empedrado St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Tampa, FL**

City & State

**Tampa, FL**

4. FEI Number

**59-3529705**

Applied For

Not Applicable

Zip

**33629**

Country

**USA**

Zip

**33629**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GREMS, ROBERT C**  
**3903 EMPEDRADO ST.**  
**TAMPA FL 33629**

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)

**8-3-00**

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREMS, ROBERT C	NAME	
STREET ADDRESS	3903 EMPEDRADO ST.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN DYKE, EDWARD	NAME	
STREET ADDRESS	204 THIEME PL	STREET ADDRESS	
CITY-ST-ZIP	UTICA NY 13502	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN DYKE, JANICE	NAME	
STREET ADDRESS	204 THIEME PL	STREET ADDRESS	
CITY-ST-ZIP	UTICA NY 13502	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert C. Grems Robert C. Grems 8-3-00  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)