

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90137 005 ****61.25

DOCUMENT # N98000006916

1. Entity Name
DAYDREAMS, INC.



Principal Place of Business
**3903 EMPEDRADO ST
TAMPA FL 33629**

Mailing Address
**3903 EMPEDRADO ST
TAMPA FL 33629**

2. Principal Place of Business
105 SUMMIT ST.
Suite, Apt. #, etc.

3. Mailing Address
105 SUMMIT ST.
Suite, Apt. #, etc.

City & State
BOONVILLE, NY

City & State
BOONVILLE, NY

Zip
13309

Country
USA

Zip
13309

Country
USA

4. FEI Number **59-3529705**

Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES



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

SIGNATURE *Robert C. Grems*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-10-03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREMS, ROBERT C 3903 EMPEDRADO ST. 105 SUMMIT ST. TAMPA FL 33629 - BOONVILLE, NY 13309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VAN DYKE, EDWARD 204 THIEME PL UTICA NY 13502	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VAN DYKE, JANICE 204 THIEME PL UTICA NY 13502	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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CR2E037 (10/02)

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

2-10-03

813 340-0872