

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 09, 2002 8:00 am**  
**Secretary of State**

09-09-2002 90022 027 \*\*\*550.00

**DOCUMENT # P98000082421**

1. Entity Name  
**DREAM SCREENS, INC.**  
 DIRECTOR  
 CEO

Principal Place of Business  
**2033 PRINCETON STREET**  
**SARASOTA FL 34237**

Mailing Address  
**2033 PRINCETON STREET**  
**SARASOTA FL 34237**

87122A



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 **65-0909311**

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

**DESROCHERS, DONALD A**  
**1309 BUCCANEER TERR.**  
**SARASOTA FL 34231**

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 *Donald A Desrochers*  
 Signature, typed or printed name of registered agent and title if applicable (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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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          | <b>CEO / P</b>               | <input type="checkbox"/> Delete            |
| NAME           | <b>DESROCHERS, DONALD A</b>  |  |
| STREET ADDRESS | <b>1809 BUCCANEER TERR.</b>  |  |
| CITY-ST-ZIP    | <b>SARASOTA FL 34231</b>     |  |
| TITLE          | <b>P</b>                     | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>DESROCHERS, DOUGLAS F</b> |  |
| STREET ADDRESS | <b>125 SHADY PARKWAY</b>     |  |
| CITY-ST-ZIP    | <b>SARASOTA FL 34232</b>     |  |
| TITLE          | <b>S</b>                     | <input type="checkbox"/> Delete            |
| NAME           | <b>DESROCHERS, MARY ANN</b>  |  |
| STREET ADDRESS | <b>1809 BUCCANEER TERR.</b>  |  |
| CITY-ST-ZIP    | <b>SARASOTA FL 34231</b>     |  |
| 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    |                              |  |

|                |                  |  |
|----------------|------------------|--|
| TITLE          | <b>PRESIDENT</b> | <input checked="" 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: *Donald A Desrochers*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **9-6-02** Daytime Phone #: **941-953-4529**

CR2E034 (4/02)