

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90039 021 ***150.00

DOCUMENT # P97000087096

1. Entity Name
DREAMCATCHER SHUTTLE SERVICE, INC.

Principal Place of Business
2833 VENETIAN CT
GULF BREEZE FL 32561

Mailing Address
2833 VENETIAN CT
GULF BREEZE FL 32561

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3473494**

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

JURKOWICH, MICHAEL J
2833 VENETIAN CT
GULF BREEZE FL 32561

Name
MICHAEL J. JURKOWICH
 Street Address (P.O. Box Number is Not Acceptable)
2833 Venetian Ct.
 City
GULF BREEZE **FL** Zip Code
32563

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 *Michael J. Jurkovich*

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/02

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 ☐ Delete
 NAME **D**
 STREET ADDRESS **JURKOWICH, MICHAEL J**
 CITY-ST-ZIP **2833 VENETIAN CT**
GULF BREEZE FL 32561

TITLE ☐ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **JURKOWICH, MICHAEL J**
 CITY-ST-ZIP **2833 Venetian Ct.**
GULF BREEZE, FL 32563

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

Michael J. Jurkovich **MICHAEL J. JURKOWICH**

Date

Daytime Phone #

1/24/02 (850) 982-7433

CR2E034 (9/01)