

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90093 049 ****50.00

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DOCUMENT # L01000009612

1. Entity Name
DAY'S DREAM, LLC

Principal Place of Business Mailing Address
4010 24TH AVE. W. **4010 24TH AVE. W.**
BRADENTON FL 34205 **BRADENTON FL 34205**

80042320

2. Principal Place of Business 3. Mailing Address
3608 39TH AVENUE W. **3608 39TH AVENUE W.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State BRADENTON FL	City & State BRADENTON FL	4. FEI Number 59-3729902	Applied For <input type="checkbox"/> Not Applicable
Zip 34205	Country USA	Zip 34205	Country USA
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			

6. Name and Address of Current Registered Agent

BLALOCK, LANDERS, WALTERS & VOGLER, P.A.
802 11TH STREET WEST
BRADENTON FL 34205

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: William T. Bagwell **WILLIAM T. BAGWELL** 2/26/02 (941) 587-8735
Signature and typed or printed name of signing managing member, manager, or authorized representative. Date Daytime Phone #

CR2E083 (9/01)