

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

FILED

02 JAN 16 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N000000007978

1. Entity Name

Experience the Dream, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5450 - 21st Way South

3. Mailing Address

Post Office Box 60813

Suite, Apt. #, etc.

Apartment 116

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33712

Country

USA

Zip

33784

Country

USA

4. FEI Number

59-3729603

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Chester A. Simonetti

Street Address (P.O. Box Number is Not Acceptable)

5450 - 21st Way South

Apartment 116

City

St. Petersburg

FL

Zip Code

33712

**DO NOT WRITE
IN THIS SPACE**

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

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

Chester A. Simonetti
(NOTE: Registered Agent signature required when reinstating)

1-10-02

DATE

**FEE IS \$61.25
Initial or Amended UBR**

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

TITLE D
NAME Chester A. Simonetti
STREET ADDRESS 5450 - 21st Way South, Apt. 116
CITY-ST-ZIP St. Petersburg, FL 33712

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000004794840--
-01/24/02--01079-012
****297.50 ****297.50

TITLE D
NAME Debra Sue Simonetti
STREET ADDRESS 5245 - 20th Street North
CITY-ST-ZIP St. Petersburg, FL 33714

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME Scott F. Johnson
STREET ADDRESS 16302 Northeast 153rd Lane
CITY-ST-ZIP Ft. McCoy, FL 32134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Chester A. Simonetti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chester A. Simonetti

Date

1-10-02

Daytime Phone #

727-430-7041

CR2E037B (12/01)