

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006916

1. Entity Name

DAYDREAMS, INC.

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90096 034 ****61.25

Principal Place of Business

P.O. BOX 234
CRYSTAL SPRINGS FL 33524

Mailing Address

P.O. BOX 234
CRYSTAL SPRINGS FL 33524

2. Principal Place of Business

3903 Empedrado St.

3. Mailing Address

3903 Empedrado St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3529705

Applied For

Not Applicable

Zip

33629

Country

USA

Zip

33629

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

8-3-00

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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 PD
NAME GREMS, ROBERT C
STREET ADDRESS 3903 EMPEDRADO ST.
CITY-ST-ZIP TAMPA FL 33629 ☐ Delete

TITLE VD
NAME VAN DYKE, EDWARD
STREET ADDRESS 204 THIEME PL
CITY-ST-ZIP UTICA NY 13502 ☐ Delete

TITLE STD
NAME VAN DYKE, JANICE
STREET ADDRESS 204 THIEME PL
CITY-ST-ZIP UTICA NY 13502 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

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

Robert C. Grems

8-3-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)