

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006916

1. Entity Name

DAYDREAMS, INC.

Principal Place of Business

3903 EMPEDRADO ST
TAMPA FL 33629

Mailing Address

3903 EMPEDRADO ST
TAMPA FL 33629

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3529705

Applied For

Not Applicable

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

GREMS, ROBERT C
3903 EMPEDRADO ST.
TAMPA FL 33629

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)

DATE

FILE NOW:
FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	GREMS, ROBERT C	
STREET ADDRESS	3903 EMPEDRADO ST.	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VAN DYKE, EDWARD	
STREET ADDRESS	204 THIEME PL	
CITY-ST-ZIP	UTICA NY 13502	
TITLE	STD	<input type="checkbox"/> Delete
NAME	VAN DYKE, JANICE	
STREET ADDRESS	204 THIEME PL	
CITY-ST-ZIP	UTICA NY 13502	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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. Grem
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-01
ROBERT C. GREMS 813 839-5821
Date Daytime Phone #

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90152 020 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)