

# 2002 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

Name

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

City

FL

Zip Code

GREMS, ROBERT C  
3903 EMPEDRADO ST.  
TAMPA FL 33629

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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☐ Change ☐ Addition

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TITLE  
NAME  
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CITY-ST-ZIP

☐ Change ☐ Addition

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

1-17-02 813 839-5821

FILED  
Feb 07, 2002 8:00 am  
Secretary of State

02-07-2002 90051 048 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)