

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90137 005 ****61.25

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

105 SUMMIT ST.

3. Mailing Address

105 SUMMIT ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOONVILLE, NY

City & State

BOONVILLE, NY

Zip

13309

Country

USA

Zip

13309

Country

USA

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

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Robert C. Grems

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

(NOTE: Registered Agent signature required when reinstating)

2-10-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GREMS, ROBERT C	
STREET ADDRESS	3903 EMPEDRADO ST. 105 SUMMIT ST.	
CITY-ST-ZIP	TAMPA FL 33629 BOONVILLE, NY 13309	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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. Grems

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

2-10-03

813 340-0872

CR2E037 (10/02)