

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000047810

1. Entity Name

AMERICAN WEB DREAM, INC.

Principal Place of Business

1831 NORTH BELCHER ROAD  
SUITE 63  
CLEARWATER FL 33765

Mailing Address

1831 NORTH BELCHER ROAD  
SUITE 63  
CLEARWATER FL 33765

2. Principal Place of Business

1831 NORTH BELCHER ROAD

3. Mailing Address

1831 NORTH BELCHER ROAD

Suite, Apt. #, etc.

SUITE G-3

Suite, Apt. #, etc.

SUITE G-3

City & State

CLEARWATER, FL.

City & State

CLEARWATER, FL.

Zip

33765

Country

USA

Zip

33765

Country

USA

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
SHELNUTT, ROBERT  
1831 NORTH BELCHER ROAD  
CLEARWATER FL 33765 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VTD  
ARATO, MICHAEL J  
1831 NORTH BELCHER ROAD  
CLEARWATER FL 33765 ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 APRIL 2001

Date

727-796-2684

Daytime Phone #

FILED  
Apr 28, 2001 8:00 am  
Secretary of State

04-28-2001 90027 042 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)