

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90092 007 ***150.00

DOCUMENT # P00000105144

1. Entity Name

DAYDREAMER 2000, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4924 VICEROY ST.

3. Mailing Address

4924 VICEROY ST.

Suite, Apt. #, etc.

A-4

Suite, Apt. #, etc.

A-4

DO NOT WRITE IN THIS SPACE

City & State

CAPE CORAL FL.

City & State

CAPE CORAL FL.

4. FEI Number

650377664

Applied For

Not Applicable

Zip

33904

Country

USA

Zip

33904

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ATI SYSTEM INC. PAUL SWANSON

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

1405--2 SE 47TH ST.

City

CAPE CORAL

FL

Zip Code

33904

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
PRESIDENT
ALEXANDER, HELGA
4924 VICEROY ST UNIT-A4
CAPE CORAL, FL. 33904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

HELGA ALEXANDER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 26, 2002

Date

705-876-8622



Attachment # P9300000779 @ 660695
FEI-651056510

Division of Corporations

Uniform Business Report

Page 1

Document Number
P00000105144
Business Entity Name
DAYDREAMER 2000, INC.

FEI Number 651056510
FEI Number Status ☐ Applied For ☐ Not Applicable ☒ Current
Certificate of Status Desired ☐ Yes ☒ No

Principal Place of Business

Address 4924 VICEROY ST., UNIT A4
Suite, Apt. #, etc.
City, State CAPE CORAL, FL
Zip Code & Country 33904

Mailing Address

Address 4924 VICEROY ST., UNIT A4
Suite, Apt. #, etc.
City, State CAPE CORAL, FL
Zip Code & Country 33904

Name And Address of Registered Agent

Name (Last, First, Middle, Title) SWANSON, PAUL
Corporate Name
Address ATI SYSTEM INC
Suite, Apt. #, etc. 1405-2 SE 47TH ST
City, State CAPE CORAL, FL
Zip Code & Country 33904

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature Helga Chleyander