

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000009677

1. Entity Name

STREET DREAMS AUTOMOTIVE, INC.

Principal Place of Business

6360A 105TH PLACE
SEBASTIAN FL 32958

Mailing Address

6360A 105TH PLACE
SEBASTIAN FL 32958

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

HORN, PATRICIA A
6360A 105TH PLACE
SEBASTIAN FL 32958

7. Name and Address of New Registered Agent

Name: Gregory J. Baker
Street Address (P.O. Box Number is Not Acceptable)
6360A 105th Place
City: Sebastian FL Zip Code 32958

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, 2002 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	DP	<input checked="" type="checkbox"/> Delete
NAME	HORN, PATRICIA A	
STREET ADDRESS	PO BOX 836	
CITY-ST-ZIP	ROSELAND FL 32957	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	HORN, TONY K	
STREET ADDRESS	PO BOX 836	
CITY-ST-ZIP	ROSELAND FL 32957	
TITLE	DST	<input type="checkbox"/> Delete
NAME	BAKER, GREGORY J	
STREET ADDRESS	PO BOX 836	
CITY-ST-ZIP	ROSELAND FL 32957	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Baker, Gregory J	
STREET ADDRESS	6360A 105th Place	
CITY-ST-ZIP	Sebastian FL 32958	
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		

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

FILED
Apr 03, 2002 8:00 am
Secretary of State

02-27-2002 90066 038 ***150.00

20000



DO NOT WRITE IN THIS SPACE

59-3695432

4. FEI Number

11-04-024470-26-2

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (9/01)