

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90163 002 \*\*\*150.00

**DOCUMENT # P01000095973**

1. Entity Name  
**FLORIDA-DREAM CARS, INC.**



Principal Place of Business  
**1401 SW 52ND TERRACE  
CAPE CORAL FL 33914**

Mailing Address  
**1401 SW 52ND TERRACE  
CAPE CORAL FL 33914**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1142258**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REESE, STEVEN S  
1401 SW 52ND TERRACE  
CAPE CORAL FL 33914**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>REESE, WILLIAM S II</b>	
STREET ADDRESS	<b>1401 SW 52ND TERRACE</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33914</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WIESE, DIRK R</b>	
STREET ADDRESS	<b>18081 INTERLOCKEN LANE</b>	
CITY-ST-ZIP	<b>ALVA FL 33925</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>REESE, STEVEN S</b>	
STREET ADDRESS	<b>5102 SW COURTYARD WAY #20</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33914</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, 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:

*William S. Reese*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-20-03*

Date

*239-994-3774*

Daytime Phone #

CR2E034 (10/02)