## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

P9200000530

1. Entity Name

DREAM CATCHER OF SOUTHWEST FLORIDA, INC.



## **FILED** Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90663 018 \*\*\*150.00

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Suite, Apt. #, etc.   Suite, Apt. #, etc.   GHECK HERE IF MAKING CHANGES    City & State   Chy & State   Chy & State   A. FEI Number 65-0368613   Applicable For Provided Prov	2430 SHADO S-10	WLAWN DR	s	2430 S-10	SHADOWLAWN DF	3			1 : 1 1: 1				
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Country   Country   Country   Country   Country   S. Corrificate of Status Desired   S. Additional Country   S. Name and Address of Current Registered Agent   T. Hammand Address of New Registered Agent   Street Address (P.O. Box Number is Not Acceptable)   Test Production   Street Address (P.O. Box Number is Not Acceptable)   Test   Street Address (P.O. Box Numb	City & Star	te		City	City & State			4.	4. FEI Number 65-0368613			·-·-	
Name	Zip	Ĵ	Country	Zip		try	5.	Certificate of Status Desired		8.75 Add	ditional		
GRIFFIN MARCUS, KIM 6145 POLLY AVE NAPLES FL 34112    City   FL   Zip Code		<sup>2</sup> 6. Name	and Address	of Current Registere	d Agent	ent			7. Name and Address of New Registered Agent				
Sirrest Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code		u -					Name	up ser			-		
City   FL   Zip Code			IM .		Street Address			roce (P.O. E	(P.O. Box Number is Not Acceptable)				
E. 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 colligations of registered agent.    Signalura: byend or primed name of registered agent.   NOTE: Registered Agent spinature regulator weather excessive)	6145 POI	LLY AVE			Street Address			ess (r.O. E	BOX Number is Not Acceptable)				
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Symulus speed or printed name of registered agent and title if applicable.   MOTE Registered Agent separate registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   Signature agent and title if applicable.   MOTE Registered Agent separate registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   Signature registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   Signature registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   Signature registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the specific property of the property of the specific property o	NAPLES	FL 34112							· ·				
SIGNATURE    Signature   Signature house or printed name of registered agent and site if appricative   (MOTE Registered Agent signature receased when rentating)   DATE						:	City			FL	Zip Cod	le	
Symble Pythogo or prime name of registered agent and title if appoil in the File IS \$150.00 May Be After May 1, 2003 Fee will be \$550.00 May 1, 2003 Fee will be \$550.00 May Be After May 1, 2003 Fee will be \$550.00 May 1, 2003 Fee will	8. The above the obligat	named entity tions of regist	submits this ered agent.	statement for the purp	ose of changing its	s registere	ed office or reg	gistered ag	gent, or both, in the State of Flori	da. I am fa	miliar with,	and accept	
After May 1, 2003 Fee will be \$550.00 May Be Added to Fees Make Check Payable to Florida Department of State  10.	SIGNATURE .	Signature, typed	or printed name of n	egistered agent and title if app	icable. (NO	TE: Registered	J Agent signature re	equired when re	einslating)	DATE			
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13. I have by contifue that the information as well admits the filling decreases with the filling decreases and the fillin			information		d								

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: 🗡