

2000 UNIFORM BUSINESS REPORT (UBR)

10/2/00

DOCUMENT # P94000036844

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

DREAM CATCHERS OF THE TREASURE COAST, INC.

Principal Place of Business

Mailing Address

1712 APACHE ST NE
PALM BAY FL 32907

1712 APACHE ST NE
PALM BAY FL 32907-5612

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3256963**

Applied For

Not Applicable

Zip

Country

Zip

Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLKKOLA, PATRICIA A
1712 APACHE ST NE
PALM BAY FL 32907

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 *Patricia A Olkkola*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/19/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	OLKKOLA, PATRICIA A	
STREET ADDRESS	1712 APACHE STREET N.E.	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	KIRBY, PEGGY ;	
STREET ADDRESS	230-11TH COURT	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

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***150.00 ***150.00

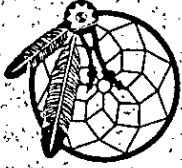
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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: *Patricia A Olkkola*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-19-00 321-984-5468
Date Daytime Phone #

CR2E034 (9/99)



DREAMCATCHERS

OF THE TREASURE COAST, INC.

2 of 2

BEHAVIORAL CONSULTANTS

8/19/00

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam,

I am enclosing the corporation filing fee of \$150.00. I spoke with someone in your offices and explained why this was late. She advised me to send a letter of explanation along with my check. When the paper for filing Uniform Business Report arrived, my husband was quite ill. I put the paper aside intending to fill it out and send it back. Because of my husband's illness I lost track and did not do this. The corporation has not been active for some time. I hope this answers any question you might have. I expect it will soon.

Thank you for attention to this matter.

Sincerely,
Patricia L. Alkhor