

# 200 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000093294

1. Entity Name

OCEAN DREAMS UNLIMITED, INC.

**FILED**  
May 16, 2000 8:00 am  
Secretary of State

05-16-2000 90049 014 \*\*\*150.00

Principal Place of Business

Mailing Address

84001 OVERSEAS HWY  
ISLAMORADA FL 33036

~~84001 OVERSEAS HWY~~  
~~ISLAMORADA FL 33036 3400~~

255 Mohawk St  
TAV. FL 33070

2. Principal Place of Business

3. Mailing Address

255 Mohawk St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tavernier FL

Zip

Country

Zip

Country

33070

USA

4. FEI Number

65-0976508

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLATLEY, THOMAS  
219 PRESTON ST  
ISLAMORADA FL 33036

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

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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

OWNER  
Thomas

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

OWNER  
THOMAS FLATLEY  
255 Mohawk St.  
TAV FL 33070

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

JAMIE STREET  
CO OWNER  
255 MOHAWK ST.  
TAV. FL. 33070

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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:

Thomas Flatley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/00

Daytime Phone #

CR2E034 (9/99)