

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

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90117 018 ***150.00

DOCUMENT # P99000067937

1. Entity Name

The Dream Plan Network, Inc. ✓

DO NOT WRITE IN THIS SPACE

639633

2. Principal Place of Business

25241 Elementary Way
Suite, Apt. #, etc.
Suite 200

3. Mailing Address

25241 Elementary Way
Suite, Apt. #, etc.
Suite 200

DO NOT WRITE IN THIS SPACE

City & State

Bonita Springs, FL

City & State

Bonita Springs, FL

4. FEI Number

65-0941847

Applied For

Not Applicable

Zip

34135

Country

us

Zip

34135

Country

us

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Dan F. Sater II

Street Address (P.O. Box Number is Not Acceptable)

25241 Elementary Way
Suite 200

City

Bonita Springs

FL

Zip Code

34135

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, to the State of Florida.

SIGNATURE

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

Dan F. Sater II, Director

4-17-02

(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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
Sater, Dan F. II
25241 Elementary Way #200
Bonita Springs, FL 34135

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dan F. Sater II, Director

4-17-02 941-495-2106

Date

Daytime Phone #

CR2E034B (12/01)