

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2001 8:00 am
Secretary of State

08-01-2001 90194 029 ***150.00

DOCUMENT # P99000097567			
1. Entity Name YOUR SWEET DREAMS, INC.			
Principal Place of Business 714 JACARANDA ANNA MARIA FL 34216		Mailing Address P.O. BOX 565 ANNA MARIA FL 34216	
2. Principal Place of Business 6969 S. TAMiami TRAIL Suite, Apt. #, etc.		3. Mailing Address 6969 S. TAMiami TRAIL Suite, Apt. #, etc.	
City & State SARASOTA, FL		City & State SARASOTA, FL	
Zip 34231	Country USA	Zip 34231	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0964933		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WATTS, MICHAEL 714 JACARANDA ANNA MARIA FL 34216		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1108 92ND ST. NW City BRADENTON FL Zip Code 34209

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P WATTS, MICHAEL J P O BOX 565 ANNA MARIA FL 34216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1108 92ND ST. NW BRADENTON, FL 34209 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WATTS, PAMELA P O BOX 565 ANNA MARIA FL 34216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1108 92ND ST. NW BRADENTON, FL 34209 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE: SIGNATURE INCORPORATED	Date 7-27-01	Daytime Phone #
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CR2E034 (5/01)



Your Sweet Dreams
Handmade Beds & Fine Linen

Attachments

PP9000097567
B0001372

TO WHOM IT MAY CONCERN:

This letter is to inform you that I did not receive the "2001 Uniform Business Report" form that was mailed to Your Sweet Dreams.

Thank You

Michael Watts
President
July 27, 2001