

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2003/18/2003-90031-009-\$150.00-\$150.00

DOCUMENT # P99000097567

1. Entity Name

YOUR SWEET DREAMS, INC. (L)

03 SEP 29 AM 11:27

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1108 92ND STREET NW

3. Mailing Address

P.O. Box 1177

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BRADENTON FL

City & State

HOLMES BEACH FL

4. FEI Number

65-0964933

Applied For

Not Applicable

Zip

34209

Country

USA

Zip

34218

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

MICHAEL WATTS

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

1108 92ND STREET NW

City

BRADENTON

FL

Zip Code

34209

DO NOT WRITE  
IN THIS SPACE

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

X Michael Watts

9-24-03

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) ☐

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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	P
NAME	MICHAEL WATTS
STREET ADDRESS	1108 92ND STREET NW
CITY - ST - ZIP	BRADENTON, FL 34209
TITLE	VP
NAME	PAMELA WATTS
STREET ADDRESS	1108 92ND STREET
CITY - ST - ZIP	BRADENTON, FL 34209
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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:

X Michael Watts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 9-24-03

Date

Daytime Phone #

CR2E034B (12/01)

7/9/30

*Attachment # 80149002*  
**BEN COOPER & ASSOCIATES, INC.**  
Tax Preparation & Accounting Consultant

Ben Cooper, Enrolled Agent  
33 Years Experience  
P.O. Box 1177  
Holmes Beach, FL 34218

3909 East Bay Drive, Suite 110  
Holmes Beach, FL 34217

(941) 778-6118  
FAX (941) 778-6230  
email: benacooper@aol.com

August 18, 2003

Florida Dept of State  
Secretary of State Office  
Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

Ref: Your Sweet Dreams, Inc.  
Doc #P99000097567

Gentlemen:

When I was preparing the tax return for the above client, I discovered that there was no "Uniform Business Report" done. I questioned the owner and they never received the original report.

Therefore, I am attaching a form that I completed along with their check for \$150.00. I am asking that you please waive the penalty based on the fact that the original was never received.

Thanks for your help in resolving this matter..

Sincerely yours,

*Ben A Cooper*  
Ben A Cooper, E.A.  
President

/bc  
copy: Michael Watts