

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

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

DOCUMENT # **P 990000 97567**
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

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

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 **Michael Watts**

DATE
9-24-03

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: **Michael Watts**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
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

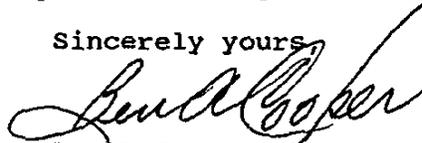
Gentlemen:

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, E.A.
President

/bc
copy: Michael Watts