


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90057 013 \*\*\*150.00

**DOCUMENT # 383672**

1. Entity Name  
**BAY ASSOCIATES, INC.**



Principal Place of Business  
**600 E. RICHMOND  
ORLANDO FL 32806**

Mailing Address  
**600 E. RICHMOND  
ORLANDO FL 32806**



2. Principal Place of Business  
**1938 HOFFNER AVE**

3. Mailing Address  
**1938 HOFFNER AVE**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**ORLANDO, FL.**

City & State  
**ORLANDO, FL**

Zip  
**32809**

Country  
**USA**

Zip  
**32809**

Country  
**USA**

4. FEI Number **59-1407978**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BASSETT, BARBARA L  
600 RICHMOND  
ORLANDO FL 32806**

7. Name and Address of New Registered Agent

Name  
**RUFUS O. VAN DYKE, JR**

Street Address (P.O. Box Number is Not Acceptable)  
**1938 HOFFNER AVE**

City **ORLANDO** FL Zip Code **32809**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *R. O. Van Dyke, Jr* Pres. DATE: **3-26-03**

\*Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	<b>VAN DYKE, BONNIE M</b>	
STREET ADDRESS	<b>1938 HOFFNER</b>	
CITY-ST-ZIP	<b>ORLANDO, FLA 00000</b>	
TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>VAN DYKE, R O JR</b>	
STREET ADDRESS	<b>1938 HOFFNER</b>	
CITY-ST-ZIP	<b>ORLANDO, FLA 00000</b>	
TITLE	STD	<input type="checkbox"/> Delete
NAME	<b>BASSETT, BARBARA L</b>	
STREET ADDRESS	<b>600 RICHMOND</b>	
CITY-ST-ZIP	<b>ORLANDO, FLA 00000</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *R. O. Van Dyke, Jr* DATE: **3-26-03** DAYTIME PHONE #: **(407) 956-7332**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)