## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 12, 2002 8:00 am Secretary of State L93588 DOCUMENT # 1. Entity Name 05-12-2002 90610 011 \*\*\*150.00 **BAY SERVICES CORPORATION** Mailing Address Principal Place of Business 1202 BUTCH CASSIDY TR 1202 BUTCH CASSIDY TR WIMAUMA FL 33598 WIMAUMA FL 33598 HS US 3. Mailing Address 2. Principal Place of Business 17.0.Box Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0216814 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Cook TONGER, RICHARD A Street Address (P.O. Box Number is Not Acceptable) 1202 BUTCH CASSIDY TR WIMAUMA FL 33598 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Johnny Cook 1820-3044 St. S.E ☐ Addition Delete TITLE. TITLE TONGER, RICHARD A. NAME NAME STREET ADDRESS 1202 BUTH CASSIDY TRAIL STREET ADDRESS Ruskin, F1. 33570 CITY-ST-ZIP WIMAUMA FL 33598 CITY-ST-ZIP ☐ Addition Delete TITLE TITLE sherry D. cooks 820-30th ST.S.E. TONGER, PATRICIA E. NAME NAME 1202 BUTCH CASSIDY TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WIMAUMA FL 33598 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ( Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 all other like empowered SIGNATURE: