

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90191 026 \*\*\*150.00

0056245 AV

**DOCUMENT # P02000007183**

1. Entity Name  
**BAYSIDE GUIDE SERVICE, INC.**



Principal Place of Business  
**2711 E. BERNARD ST.  
PENSACOLA FL 32503**

Mailing Address  
**2711 E. BERNARD ST.  
PENSACOLA FL 32503**

2. Principal Place of Business  
**119 Via Deluna Drive**

Suite, Apt. #, etc.

3. Mailing Address  
**119 Via Deluna Drive**

Suite, Apt. #, etc.

City & State  
**Pensacola Beach FL**

City & State  
**Pensacola Beach FL**

Zip  
**32561**

Country

4. FEI Number  
**59-1757564**

Applied For  
Not Applicable

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

20029243



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WHITE, CHRISTOPHER M  
2711 E. BERNARD ST.  
PENSACOLA FL 32503**

7. Name and Address of New Registered Agent

Name

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

**119 Via Deluna Drive**

City  
**Pensacola Beach** **FL** Zip Code  
**32561**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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	<input type="checkbox"/> Delete
NAME	<b>WHITE, CHRISTOPHER M</b>
STREET ADDRESS	<b>2711 E. BENARD ST.</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32503</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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>119 Via Deluna Drive</b>
CITY-ST-ZIP	<b>Pensacola Beach, FL 32561</b>
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
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: Christopher M White  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-8-03**  
Daytime Phone #: **850-432-8964**

CR2E034 (10/02)