


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/8/2003-90135-021-\$550.00-\$550.00

CR2E034 (4/03)

**DOCUMENT #** P02000054087

1. Entity Name  
**BAYSIDE HOMES INC.**



**FILED**  
03 SEP 24 AM 10:11  
SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

Principal Place of Business  
1554 NW 28TH AVE  
CAPE CORAL FL 33993

Mailing Address  
1554 NW 28TH AVE  
CAPE CORAL FL 33993



2. Principal Place of Business  
4808 SW 24th A.  
Cape Coral, FL  
33914

3. Mailing Address  
4808 SW 24th Place  
Cape Coral, FL  
33914

CHECK HERE IF MAKING CHANGES  
FEE # 04-3688885  
4. FEE Number  
~~0000000000~~  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
CONTI, JOHN J JR  
1554 NW 28TH AVE  
CAPE CORAL FL 33993

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

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

**FILE NOW!!! FEE IS \$550.00**  
After September 10, 2003 Fee will be \$750.00  
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 NAME STREET ADDRESS CITY-ST-ZIP	P CONTI, JOHN J JR 1554 NW 28TH AVE CAPE CORAL FL 33993 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CONTI, SHANA L 1554 NW 28TH AVE CAPE CORAL FL 33993 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 152045 Cape Coral, FL 33915
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 153045 Cape Coral, FL 33915
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** \_\_\_\_\_  
Date: 8-15-03 Daytime Phone #: 239-945-0387