

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90023 045 ***150.00

DOCUMENT # P98000021164

1. Entity Name

BAYSIDE HOLDINGS OF WEST FLORIDA, INC.

Principal Place of Business

2325 ULMERTON ROAD STE 20
 CLEARWATER FL 33762

Mailing Address

2325 ULMERTON ROAD STE 20
 CLEARWATER FL 33762



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3591077**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GILES, JOEL B
200 CENTRAL AVE STE 2300
ST PETERSBURG FL 33701

Name **GREG MORRIS**

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

2325 ULMERTON RD
STE 20

City **CLEARWATER**

FL

Zip Code **33762**

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/09/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MORRIS, GREG | |
| STREET ADDRESS | 2325 ULMERTON ROAD STE 20 | |
| CITY-ST-ZIP | CLEARWATER FL 33762 | |
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | SCHULTZ, THOMAS | |
| STREET ADDRESS | 2325 ULMERTON RD STE 20 | |
| CITY-ST-ZIP | CLEARWATER FL 33762 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
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| STREET ADDRESS | | |
| 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)(f), 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/09/01

Date

727-576-6424

Daytime Phone #

CR2E034 (10/00)