

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000025185

1. Entity Name
BAY INDUSTRIES GROUP, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90034 044 ***150.00

Principal Place of Business 1948 IOWA AVENUE N.E. ST. PETERSBURG FL 33703	Mailing Address 1948 IOWA AVENUE N.E. ST. PETERSBURG FL 33715-1944
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 722 Pinellas Bayway S. Suite, Apt. #, etc. #107 City & State Tierra Verde Fl. Zip 33715 Country Pinellas	3. Mailing Address 722 Pinellas Bayway S. Suite, Apt. #, etc. #107 City & State Tierra Verde, Fl. Zip 33715 Country Pinellas
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4. FEI Number 59-3499821	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
COHEN, DAVID R
1948 IOWA AVENUE N.E.
ST. PETERSBURG FL 33703

7. Name and Address of New Registered Agent
Name
Cohen, David R.
Street Address (P.O. Box Number is Not Acceptable)
722 Pinellas Bayway S. #107
City
Tierra Verde FL Zip Code
33715

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

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, 2000 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

TITLE D	<input type="checkbox"/> Delete
NAME COHEN, DAVID R	
STREET ADDRESS 1948 IOWA AVENUE N.E.	
CITY-ST-ZIP ST. PETERSBURG FL 33703	
TITLE D	<input type="checkbox"/> Delete
NAME COHEN, MAUREEN E	
STREET ADDRESS 1948 IOWA AVENUE N.E.	
CITY-ST-ZIP ST. PETERSBURG FL 33703	
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE Cohen, David R.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 722 Pinellas Bayway S. #107	
STREET ADDRESS Tierra Verde, Fl. 33715	
CITY-ST-ZIP address	
TITLE Cohen, Maureen E	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 722 Pinellas Bayway S. #107	
STREET ADDRESS Tierra Verde, Fl. 33715	
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	

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 of an other like empowered.

SIGNATURE: _____ DATE: **4/24/2000** DAYTIME PHONE #: **727-864-1847**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)