

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P9800051715</b>					
1. Entity Name <b>BAYSIDE INDUSTRIES, INC.</b>					
Principal Place of Business 3045 NORTH FEDERAL HIGHWAY THE LANDMARK BUILDING FT. LAUDERDALE, FL 33306			Mailing Address 3045 NORTH FEDERAL HIGHWAY THE LANDMARK BUILDING FT. LAUDERDALE, FL 33306		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0859796</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JARVIS, JUDITH A ESG 2701 W OAKLAND PARK BLVD STE 230 FORT LAUDERDALE, FL 33311			Name <b>LAW OFFICES OF JUDITH A. JARVIS, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1260 EAST OAKLAND PARK BOULEVARD</b> #200 City <b>FORT LAUDERDALE, FL</b> Zip Code <b>33334 - 4418</b>		
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 				5-19-03	
Signature of person named in registered office and title if applicable. (NOTE: Registered Agent's signature required when appointing)				DATE	
FILE NOW WITH FEES IS \$160.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			a. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	SEVD GALLANT, GLENN M	<input type="checkbox"/> Delete	TITLE		
NAME	1260 EAST OAKLAND PARK BLVD		NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	FORT LAUDERDALE, FL 33334		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	PD BAETZ, DOUGLAS R	<input type="checkbox"/> Delete	TITLE		
NAME	1260 E OAKLAND PARK BLVD		NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	FORT LAUDERDALE, FL 33334		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 				5-19-03 954-630-0001	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date                      Cayman Phone #	

CR2E034 (10/02)