

**2000 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**Jun 07, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90300 012 \*\*\*150.00

**DOCUMENT # P99000037877**

1. Entity Name

**BAYSIDE CONSTRUCTION AND FRAMING, INC.**

Principal Place of Business  
 7891 SYCAMORE DRIVE  
 NEW PORT RICHEY FL 34654

Mailing Address  
 7891 SYCAMORE DRIVE  
 NEW PORT RICHEY FL 34654-5636

2. Principal Place of Business  
**7881 SYCAMORE DR.**  
 Suits, Apt. #, etc.

3. Mailing Address  
**7881 SYCAMORE DR.**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**NEW PORT RICHEY FL**  
 Zip **34654** Country **P**

City & State  
**NEW PORT RICHEY FL**  
 Zip **34654** Country

4. FEI Number  
**59-3577402** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**HAMM, MARK**  
**7881 SYCAMORE DRIVE**  
**NEW PORT RICHEY FL 34654**

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.

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HAMM, MARK</b>	
STREET ADDRESS	<b>7891 SYCAMORE DRIVE</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34654</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HAMM, DEBORAH</b>	
STREET ADDRESS	<b>7891 SYCAMORE DRIVE</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34654</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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>7881 SYCAMORE DR.</b>	
STREET ADDRESS	<b>NEW PORT RICHEY FL 34654</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34654</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>7881 SYCAMORE DR.</b>	
STREET ADDRESS	<b>NEW PORT RICHEY FL 34654</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34654</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		

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, with all other like empowered.

SIGNATURE: Mark Hamm **MARK HAMM, PRES** 1-26-00 (727) 849-8756  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)