

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90010 046 ***150.00

0359507

DOCUMENT # 136035

1. Entity Name
INTERBAY ESTATES, INC.

Principal Place of Business
 1075-14TH AVENUE, NORTH
 ST. PETERSBURG FL 33705

Mailing Address
 1075-14TH AVENUE, NORTH
 ST. PETERSBURG FL 33705

800805



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1075-14 Ave. N.
 Suite, Apt. #, etc.

3. Mailing Address
1075-14 Ave. N.
 Suite, Apt. #, etc.

City & State
St. Petersburg Fl.
 Zip
33705
 Country
U.S.A.

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St. Petersburg, Fl.
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33705
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4. FEI Number **59-6074673**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
BROCK, CHARLES A.
221 EDGEWOOD AVENUE
CLEARWATER FL 33755

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HARRIS, PATRICIA 1075 14TH AVE N ST PETERSBURG, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRIS, MARGARET V. 1075 14TH AVE N ST PETERSBURG FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROCK, CHARLES A 221 EDGEWOOD AVE CLEARWATER, FL 00000	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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: Patricia B. Harris, V.P. & T.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Jan. 11, 2001 Daytime Phone # 727-585-2248

PATRICIA B HARRIS

CR2E034 (10/00)