FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
02 JAN 24 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000038715

1. Entity Name
B Y & C MANAGEMENT, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
560 W. Rodgers Cir.	560 W. Rodgers Cir.
Suite, Apt. #, etc. Suite 14	Suite, Apt. #, etc. Suite 14
City & State Boca Raton, FL	City & State Boca Raton, FL
Zip 33487 Country USA	Zip 33487 Country USA

4. FEI Number 65-0832987 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: Kenneth O. Lipscomb
Street Address (P.O. Box Number is Not Acceptable): 560 W. Rodgers Circle
Suite 14
City: Boca Raton FL Zip Code: 33487

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: KENNETH O. LIPSCOMB 15 Jan 02
Signature, type or print name of registered agent, and title of officer. (NOTE: Registered Agent signature required when filing) DATE

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

January 1 - May 1 Fee is $154.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
	P and D Kenneth O. Lipscomb 560 W. Rodgers Cir. Ste. 14 Boca Raton, FL 33487		
	VP - Steve Cavayero 560 W. Rodgers Cir. Ste 14 Boca Raton, FL 33487		600004798686--8 -01/25/02--01004--025 ****202.50 ****158.75
	S - Arthur Kirsch 560 W. Rodgers Cir. Ste. 14 Boca Raton FL 33487		DO NOT WRITE IN THIS SPACE

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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH O. LIPSCOMB 15 Jan 02 Daytime Phone # 404-229-1283 770-977-0944
SIGNATURE AND TITLE OF AUTHORIZED OFFICER OR DIRECTOR Date

T. [illegible] JAN 25 2002

COR 2048 (12/01)