

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90288 047 ***150.00

CR2E034 (9/01)

DOCUMENT # P01000078533
 1. Entity Name
BAY TECHNOLOGIES, INC.

Principal Place of Business Mailing Address
 8712 OLD WINTER GARDEN ROAD 8712 OLD WINTER GARDEN ROAD
 WINTER GARDEN FL 32835 WINTER GARDEN FL 32835



2. Principal Place of Business 3. Mailing Address
 8826 Old Winter Garden Rd Same - 8826 old
 Suite, Apt. #, etc. Suite, Apt. #, etc. Winter Garden Rd
 City & State Orlando Florida City & State Same
 Zip 32835 Country USA Zip Same Country Same

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3738814 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
BOYETTE, WADE
 1380 GRAND HIGHWAY
 2ND FLOOR
 CLERMONT FL 34711

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, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, CLAIR 8712 OLD WINTER GARDEN ROAD WINTER GARDEN FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same Same 8826 old Winter Garden Rd Same <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: [Signature] **4/17/02** **407-445-3186**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #