

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90105 013 ***150.00

0178388 AV

DOCUMENT # 174188

1. Entity Name
BAYRIDGE CORPORATION



Principal Place of Business
101 W. PIPPEN DR.
ISLAMORADA FL 33036-3113

Mailing Address
P.O. BOX 1146
ISLAMORADA FL 33036



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-0965810

Applied For
Not Applicable

Zip

Country

Zip

Country

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

KOHLHOFER, JOHN
117 GUMBO LIMBO
ISLAMORADA FL 33036

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
SD	PRINE, SHANANN	121 GUMBO LIMBO RD	ISLAMORADA FL 33036	<input checked="" type="checkbox"/>
D	RUSSELL, JANET	125 GUMBO LIMBO RD	ISLAMORADA FL 33036	<input checked="" type="checkbox"/>
T	HARRIS, ANNE	109 PIPPIN DR	ISLAMORADA FL 33036	<input type="checkbox"/>
D	KOHLHOFER, SUSAN	117 GUMBO LIMBO ROAD	ISLAMORADA FL 33036	<input checked="" type="checkbox"/>
VPD	DIPALOL, FRANCINE	126 GUMBO LIMBO ROAD	ISLAMORADA FL 33036	<input type="checkbox"/>
PD	O'CATHY, JERRY	109 GUMBO LIMBO ROAD	ISLAMORADA FL 33036	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	Bill Walsh	Gumbo Limbo Rd	ISLAMORADA, FL 33036	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Dennis Ball	Gumbo Limbo Rd	ISLAMORADA FL 33036	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
	SD			<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/4/03 305 664-0780

CP2E034 (10/02)