

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90057 013 ***150.00

DOCUMENT # 383672

1. Entity Name
BAY ASSOCIATES, INC.



Principal Place of Business
**600 E. RICHMOND
ORLANDO FL 32806**

Mailing Address
**600 E. RICHMOND
ORLANDO FL 32806**

2. Principal Place of Business
1938 HOFFNER AVE

3. Mailing Address
1938 HOFFNER AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ORLANDO, FL.

City & State
ORLANDO, FL

Zip
32809

Country
USA

Zip
32809

Country
USA

4. FEI Number **59-1407978**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BASSETT, BARBARA L
600 RICHMOND
ORLANDO FL 32806**

7. Name and Address of New Registered Agent

Name
RUFUS O. VAN DYKE, JR

Street Address (P.O. Box Number is Not Acceptable)

1938 HOFFNER AVE

City **ORLANDO**

FL

Zip Code **32809**

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 **R. O. Van Dyke, Jr Pres.**

3-26-03

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

TITLE ☐ Delete

NAME
VAN DYKE, BONNIE M
STREET ADDRESS
1938 HOFFNER
CITY-ST-ZIP
ORLANDO, FLA 00000

TITLE ☐ Delete

NAME
PD VAN DYKE, R O JR
STREET ADDRESS
1938 HOFFNER
CITY-ST-ZIP
ORLANDO, FLA 00000

TITLE ☐ Delete

NAME
STD BASSETT, BARBARA L
STREET ADDRESS
600 RICHMOND
CITY-ST-ZIP
ORLANDO, FLA 00000

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

R. O. Van Dyke, Jr Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-03

(407) 956-7332

Date

Daytime Phone #

CR2E034 (10/02)