


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90454 041 ***150.00

DOCUMENT # 502194

1. Entity Name
INTERBAY PROPERTY AND CONSTRUCTION CORPORATION



Principal Place of Business
**9931 PINE LAKE TRAIL
ST PETERSBURG FL 33708**

Mailing Address
**9931 PINE LAKE TRAIL
ST PETERSBURG FL 33708**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1686264**

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

6. Name and Address of Current Registered Agent
**VANKESTEREN, HENRY
9931 PINE LAKE TRAIL
ST PETERSBURG FL 33708**

Applied For
 Not Applicable

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

SIGNATURE _____ (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

TITLE	TD	<input type="checkbox"/> Delete
NAME	CAMPBELL, SUE	
STREET ADDRESS	9931 PINE LAKE TRAIL	
CITY-ST-ZIP	ST PETE, FL 00000	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VAN KESTEREN, HENRY	
STREET ADDRESS	#1 BCH DR	
CITY-ST-ZIP	ST PETE, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VAN KESTEREN, EVELYN	
STREET ADDRESS	#1 BCH DR	
CITY-ST-ZIP	ST PETE, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CAMPBELL, W FRED	
STREET ADDRESS	9931 PINE LAKE TRAIL	
CITY-ST-ZIP	ST PETE, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: LORENZO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-03 Date

727-392-5116 Daytime Phone #

CR2E034 (10/02)