2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or true changed, or on an attachment with an a

SIGNATURE:

DOCUMENT # 597975 Apr 03, 2000 8:00 am Secretary of State 1. Entity Name BAYWOOD CONSTRUCTION, INC. 04-03-2000 90122 032 ***150.00 Mailing Address Principal Place of Business 2804 DEL PRADO BLVD 2804 DEL PRADO BLVD CAPE CORAL FL 33904-7262 CAPE CORAL FL 33904 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-1893560 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FLETCHER, CHARLES A Street Address (P.O. Box Number is Not Acceptable) 2804 DEL PRADO BLVD #102 CAPE CORAL FL 33904 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS ☐ Addition TITLE ☐ Defete TITLE Change NAME FLETCHER, CHARLES A NAME STREET ADDRESS STREET ADDRESS 2804 DEL PRADO BLVD 102 CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33904 Addition **VPS** TITI F ☐ Change ☐ Delete TITLE FLETCHER, ALICE M NAME NAME STREET ADDRESS STREET ADDRESS 2804 DEL PRADO BLVD 102 CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33904 lice HesioeJt ☐ Change Addition Delete TITLE TITLE Devito Michael J NAME NAME 2804 Del PADO BIVD 102 STREET ADDRESS STREET ADDRESS DAKE COMPL FL 33904 CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ De¹ete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 exemptions shall have the same legal effect as if made under oath; that I am an officer or director

parture shall have the same legal effect as if made under oath; that I am an officer or director quired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12