

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 597975

1. Entity Name
BAYWOOD CONSTRUCTION, INC.

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90327 004 ***150.00

Principal Place of Business

2804 DEL PRADO BLVD
#102
CAPE CORAL FL 33904

Mailing Address

2804 DEL PRADO BLVD
#102
CAPE CORAL FL 33904

C0018163



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

602 SE 16th Place

Suite, Apt. #, etc.

3. Mailing Address

602 SE 16th Place

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

City & State

CAPE CORAL, FL

4. FEI Number 59-1893560

Applied For

Not Applicable

Zip 33990

Country USA

Zip 33990

Country USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLETCHER, CHARLES A

2804 DEL PRADO BLVD

#102

CAPE CORAL FL 33904

602 SE 16th Place

33990

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

TITLE	PT	<input type="checkbox"/> Delete
NAME	FLETCHER, CHARLES A	
STREET ADDRESS	2804 DEL PRADO BLVD 102	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	FLETCHER, ALICE M	
STREET ADDRESS	2804 DEL PRADO BLVD 102	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DEVITO, MICHAEL J	
STREET ADDRESS	2804 DEL PRADO BLVD 102	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 2/02/01 (941) 574-9332
Date Daytime Phone #

CR2E034 (10/00)