2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 666679 Apr 10, 2000 8:00 am Secretary of State 1. Entity Name BAYSHORES REAL ESTATE, INC. 04-10-2000 90034 041 ***150.00 Mailing Address Principal Place of Business 3656 61ST WAY 3656 61ST WAY ST PETERSBURG FL 33710-1757 ST PETERSBURG FL 33710 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4, FEI Number Applied For City & State 59-1997721 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LACKEY, KENNETH Street Address (P.O. Box Number is Not Acceptable) 3656 61ST WAY ST PETERSBURG FL 33710 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, 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 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change **PDC** De ete TITLE LACKEY, KENNETH NAME NAME STREET ADDRESS STREET ADDRESS 3656 61ST WAY N CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL Addition Change ☐ Delete TITLE LACKEY, SUZETTE STREET ADDRESS STREET ADDRESS 3656 61ST WAY N CITY-ST-ZIP CITY-ST-ZIP ST PETERSBUG FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 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 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 chapted or on an attachment with an address, with all other like empowered.

SIGNATURE

Remith Jackey Kenneth Linckey

4-5-00

727-8/06-6695

Daytime Phone #