FILED

March 30, 2001 727-866-16695

2001 UNIFORM BUSINESS REPORT (UBR)

month Yukuy SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 02, 2001 8:00 am Secretary of State **DOCUMENT # 666679** BAYSHORES REAL ESTATE, INC. 04-02-2001 90066 013 ***150.00 Principal Place of Business Mailing Address 3656 61ST WAY 3656 61ST WAY ST PETERSBURG FL 33710 ST PETERSBURG FL 33710 VOLFALAN 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1997721 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. 12. TITLE ☐ Delete TITLE ☐ Change NAME LACKEY, KENNETH NAME STREET ADDRESS STREET ADDRESS 3656 61ST WAY N CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL STD ☐ Delete TITLE ☐ Change Addition TITLE LACKEY, SUZETTE NAME NAME STREET ADDRESS STREET ADDRESS 3656 61ST WAY N CITY-ST-ZIP CITY-ST-ZIP ST PETERSBUG FL Addition_ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 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 changed, or on an attachment with an address, with all other like empowered.