

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90424 022 ****61.25

27868300

DOCUMENT # 703347

1. Entity Name
BAY FOUR INC



Principal Place of Business
**8000 EAST DRIVE GATE HOUSE
106
NORTH BAY VILLAGE FL 33141
US**

Mailing Address
**8000 EAST DRIVE GATE HOUSE
NORTH BAY VILLAGE FL 33141**



CHECK HERE IF MAKING CHANGES

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

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

4. FEI Number **59-2258510**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

~~**JAFFE, LEAH S
8000 EAST DRIVE #106
N BAY VILLAGE FL 33141**~~

[Signature]

SIGNATURE

7. Name and Address of New Registered Agent

Name **Robert Sauts**

Street Address (P.O. Box Number is Not Acceptable) **8020 East Dr #215**

City **N. Bay Village** FL Zip Code **33141**

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]

SIGNATURE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	RD	<input type="checkbox"/> Delete
NAME	PINGITORE, FRANK	
STREET ADDRESS	8010 E DR #312	
CITY-ST-ZIP	N. BAY VILLAGE FL 33141	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIUDICI, GERRY	
STREET ADDRESS	8010 G DR #208	
CITY-ST-ZIP	N. BAY VILLAGE FL 33141	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GIUDICI, WANDA L	
STREET ADDRESS	8010 E DR #208	
CITY-ST-ZIP	N. BAY VILLAGE FL 33141	
TITLE	VD	<input type="checkbox"/> Delete
NAME	AHR, PATRICIA	
STREET ADDRESS	8020 E DR #317	
CITY-ST-ZIP	N. BAY VILLAGE FL 33141	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GRINGLER, ELEANORE	
STREET ADDRESS	8010 E DRIVE #308	
CITY-ST-ZIP	N. BAY VILLAGE FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/D/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pasquale Verone	
STREET ADDRESS	8060 East Dr #306	
CITY-ST-ZIP	N. Bay Village FL 33141	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AHR, PAUL R.	
STREET ADDRESS	8020 EAST DRIVE #318	
CITY-ST-ZIP	N. BAY VILLAGE, FL 33141	
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 617, 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: *[Signature]*

4/11/03 (BWS) 798 1626

CR2E037 (10/02)