2002 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2002 8:00 am **DOCUMENT # 727870** Secretary of State 1. Entity Name BIRD BAY LEISURE, INC. 02-11-2002 90016 013 ****61.25 Principal Place of Business Mailing Address 612 BIRD BAY DRIVE, S. 612 BIRD BAY DRIVE. S. VENICE FL 34292 VENICE FL 34292 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-1547594 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) BAQUERO, MARY 612 BIRD BAY DRIVE S VENICE FL 34231 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 nd title if applicable (NOTE: Registered Agent signature required when reinstating) Signature, typed or pr 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE TITLE Change ☐ Addition Delete ISON, DONALD NAME NAME 612 BIRD BAY DR SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VENICE FL 34292 CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE JENSON, ROBERT NAME 612 BIRD BAY DR. SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VENICE FL 34292 CITY-ST-ZIP Delete Change ☐ Addition TITLE POWELL, EDWARD W NAME NAME 612 BIRD BAY DR. SOUTH STREET ADDRESS STREET ADDRESS VENICE FL CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition KRITZLER, JOAN NAME NAME STREET ADDRESS 612 BIRD BAY DR SOUTH STREET ADDRESS CITY-ST-ZIP VENICE FL 34292 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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:

FILED

(9/01) CR2E037