

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000002389

1. Entity Name

BAYPLAS1, INC.

Principal Place of Business

2 NORTH TAMiami TRAIL SUITE 900
SARASOTA FL 34236

Mailing Address

2 NORTH TAMiami TRAIL SUITE 900
SARASOTA FL 34236

2. Principal Place of Business

7282 55th Ave E
Box 118
Bradenton FL

3. Mailing Address

7282 55th Ave E
Box 118
Bradenton FL

City & State

Bradenton FL

City & State

Bradenton FL

Zip

34203

Country

USA

Zip

34203

Country

USA

4. FEI Number

52220.0530

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOLFF, PHILIP
1680 FRUITVILLE ROAD, #102
SARASOTA FL 34236

Michael J. Schaefer
7282 55th Ave E
Box 118
Bradenton FL
34202

Name

Michael J Schaefer

Street Address (P.O. Box Number is Not Acceptable)

7282 55th Ave E

Box 118

City Bradenton

FL

Zip Code

34203

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 Michael J Schaefer President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/31/01

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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FILE NOW!!! FEE IS \$160.00

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 President
NAME SCHAEFER, MICHAEL J
STREET ADDRESS 2 NORTH TAMiami TRAIL SUITE 900
CITY-ST-ZIP SARASOTA FL 34236

☐ Delete

TITLE Chairman
NAME Howard R Card
STREET ADDRESS 2 N. TAMiami TRAIL SUITE 900
CITY-ST-ZIP SARASOTA FL 34236

☐ Delete

TITLE Treasurer
NAME KATHLEEN J Schaefer
STREET ADDRESS 7282 55th Ave
CITY-ST-ZIP Bradenton FL 34203

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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

Date

Daytime Phone

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90042 001 ***400.00

09-18-2001 90042 002 ***150.00

78516



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)