

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91371 012 ***150.00

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DOCUMENT # F01000003018

1. Entity Name
BAY4 CAPITAL PARTNERS, INC.



Principal Place of Business
6300 SOUTH SYRACUSE WAY, SUITE 290
ENGLEWOOD CO 80111

Mailing Address
~~6300 SOUTH SYRACUSE WAY, SUITE 290~~
~~ENGLEWOOD CO 80111~~



2. Principal Place of Business
No change

3. Mailing Address
101 Philippe Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 84-1586081

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BIDDINGER, CLAY M
101 PHILIPPE PARKWAY, SUITE 300
SAFETY HARBOR FL 34695

7. Name and Address of New Registered Agent

Name *No change*
Street Address (P.O. Box Number is Not Acceptable)
City *FL* Zip Code

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 *N/A* *No change* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE *PTD* ☐ Delete
NAME BIDDINGER, CLAY M
STREET ADDRESS 7650 W. COURTNEY CAMPBELL CAUSEWAY, #1120
CITY-ST-ZIP ENGLEWOOD CO 80111

TITLE *S* ☐ Delete
NAME SULLIVAN, CRISTOPHER R
STREET ADDRESS 7650 W. COURTNEY CAMPBELL CAUSEWAY, #1120
CITY-ST-ZIP ENGLEWOOD CO 80111

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *President/Treasurer* ☒ Change ☐ Addition
NAME *clay m. Biddinger*
STREET ADDRESS *2841 cobblestone Dr.*
CITY-ST-ZIP *Palm Harbor, FL 34684*

TITLE *Secretary* ☒ Change ☐ Addition
NAME *christopher L. Sullivan*
STREET ADDRESS *738 Harbor Island*
CITY-ST-ZIP *clearwater, FL 33767*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 607, 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: *Braton Cole* 4/8/03 (727) 216-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # *X246*

CR2E034 (10/02)