

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F30032

1. Entity Name
BAYSIDE MARINE, INC.

FILED
Mar 22, 2001 8:00 am
Secretary of State
03-22-2001 90042 026 ***158.75

Principal Place of Business
9520 SW 19TH AVE. ROAD
PO BOX 106
OCALA FL 34476
US

Mailing Address
9520 SW 19TH AVE. ROAD
PO BOX 106
OCALA FL 34476
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
134 Harbor Dr
Suite, Apt. #, etc.

3. Mailing Address
134 Harbor Dr
Suite, Apt. #, etc.

City & State
TAVERNIER, Florida
Zip
33070 Country
US

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TAVERNIER, Florida
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33070 Country
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4. FEI Number **59-2092337** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DYE, JOHN PAUL
9520 SW 19TH AVE RD
P O BOX 106
OCALA FL 34476

Name **DYE, John Paul**
Street Address (P.O. Box Number is Not Acceptable)
134 HARBOR DRIVE
City **TAVERNIER** FL Zip Code **33070**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

FILE NOW!!! FEE IS \$150.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DYE, JOHN P 9520 SW 19TH AVE. ROAD OCALA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DYE, JOHN P 9520 SW 19TH AVE. ROAD OCALA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DYE, JOHN P 134 HARBOR DRIVE TAVERNIER, FL, 33070	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DYE, JOHN P. 134 HARBOR DRIVE TAVERNIER, FL 33070	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **John P. DYE** 3/17/01 305 394-1305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)