2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F46134 DOCUMENT

1. Entity Name

NORTH BAY ELECTRONICS, INC.



FILED Feb 14, 2003 8:00 am Secretary of State 02-14-2003 90241 030 ***150.00

| | | | | - 1 | COD WE IN | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------|--------------------------|-------------------------------|------------|---------------------------|------------------------------------|----------------------|---------------|
| incipal Place of Bus 09 FRANKFORD AVE NAMA CITY FL 3240 | | | Address ANKFORD AVE CITY FL 32405 | | | | | | | | | | | |
| Principal Place of I | Business | 3. Mailing | g Address | | | | | | H 488 (1)(1 8) | 81 8 811 6 | 4 64 8 1811 | | 418 11 1341 | |
| | | Suite, Apt. #, etc. | | | | 7 | | CHECK ' | HERE IF | MAKING | CHA | NGES | | |
| Suite, Apt. #, etc. | | City & State | | | | 4. FEI | Number | 59-212 | 8171 | | | | lied For Applicab | |
| City & State Zip Country 6. Name and Address of Current | | Zip Country | | | | | | | | | \$8.7 | 75 Addit | | 10 |
| | | | | | | Certificate of Status Desired Fee Required Name and Address of New Registered Agent | | | | | | | - | |
| | | | | | | 7. Nar | me and A | ddress of | New Heg | Istereu | Agen | - | | ヿ |
| 6. | Name and Address of Current | negisieres | , , , , , , , , , , , , , , , , , , , | | Name | | | | | | | | | |
| BENNETT, JULI/ | AN | | | - | Street Addres | ss (P.O. Box | Number i | s Not Acc | eptable) | | | | | |
| 3309 FRANKFORD AVENUE PANAMA CITY FL 32405 | | * | | - | | | | | | | | | | |
| | | | | | City | | | <u> </u> | | Fl | _ [| Zip Code | | |
| ` • | d entity submits this statement f | | | Ι_ | | | | | Clari | do Lar | temil | iar with, a | nd acce | pt |
| | f registered agent. ure, typed or printed name of registered ager | nt and title il appl | licable. (NO | TE: Registered A | Agent signature req | quired when reins | stating) | | | DATE | | | | |
| | | | | | | | | 0 | anion Eins | ancing | | \$5.0 | 0 Мау В | |
| After May | NOW!!! FEE IS \$150.00 1, 2003 Fee will be \$550.00 | of State | | , . | e kompres de la compresa de la compr | , wastra | Trus | ction Camp st Fund Co | ntribution | ۱. | | Added | to Fees | 3e |
| After May | 1, 2003 Fee will be \$550.00 able to Florida Department | of State | RS. | 11, | | ADD | Trus | ction Camp at Fund Co | ntribution | ۱. | ND DI | Added | 3 IN 11 | |
| After May Make Check Pay 10. | 1, 2003 Fee will be \$550.00 able to Florida Department OFFICERS AN | of State | | 11. | | ADÛ | Trus | st Fund Co | ntribution | ۱. | ND DI | Added | | |
| After May Make Check Pays 10. | 1, 2003 Fee will be \$550.00 able to Florida Department OFFICERS AN | of State | RS Delete | | | ADC | Trus | st Fund Co | ntribution | ۱. | ND DI | Added | 3 IN 11 | |
| After May Make Check Pay 10. TITLE DCI NAME KEN | 1, 2003 Fee will be \$550.00 able to Florida Department OFFICERS AN E NNEDY, MICHAEL | of State | | TITLE | T ADDRESS | ADC | Trus | st Fund Co | ntribution | ۱. | ND DI | Added | 3 IN 11 | |
| After May Make Check Pay 10. IIITLE DCE NAME KEN STREET ADDRESS 330 | 1, 2003 Fee will be \$550.00 able to Florida Department OFFICERS AN E NNEDY, MICHAEL 19 FRANKFORD AVENUE | of State | | TITLE NAME STREE | 1 | ADC | Trus | st Fund Co | ntribution | ۱. | ND DI | Added | S IN 11 Add | dition |
| After May Make Check Pay 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP After May CALL CALL CALL CALL CALL CALL CALL CAL | 1, 2003 Fee will be \$550.00 able to Florida Department OFFICERS AN E NNEDY, MICHAEL | of State | | TITLE NAME STREE | T ADDRESS ST-ZIP | ADC | Trus | st Fund Co | ntribution | ۱. | ND DI | Added | 3 IN 11 | dition |
| After May Make Check Pay 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP PAN TITLE | 1, 2003 Fee will be \$550.00 able to Florida Department OFFICERS AN E NNEDY, MICHAEL 19 FRANKFORD AVENUE | of State | □ Delete | TITLE NAME STREE CITY- TITLE | T ADDRESS ST-ZIP | ADD | Trus | st Fund Co | ntribution | ۱. | ND DI | Added | S IN 11 Add | dition |
| After May Make Check Pay 10. IITLE NAME STREET ADDRESS CITY-ST-ZIP PAN TITLE NAME | 1, 2003 Fee will be \$550.00 able to Florida Department OFFICERS AN E NNEDY, MICHAEL 19 FRANKFORD AVENUE | of State | □ Delete | TITLE NAME STREE CITY- TITLE NAME | T ADDRESS ST-ZIP ET ADDRESS | ADC | Trus | st Fund Co | ntribution | ۱. | ND DI | Added | S IN 11 Add | dition |
| After May Make Check Pay 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS | 1, 2003 Fee will be \$550.00 able to Florida Department OFFICERS AN E NNEDY, MICHAEL 19 FRANKFORD AVENUE | of State | □ Delete | TITLE NAME STREE CITY- TITLE NAME STREE CITY- | T ADDRESS ST-ZIP ET ADDRESS ST-ZIP | ADC | Trus | st Fund Co | ntribution | ۱. | ND DIII | Added | S IN 11 Add | dition |
| After May Make Check Pay: 10. ITTLE VAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP | 1, 2003 Fee will be \$550.00 able to Florida Department OFFICERS AN E NNEDY, MICHAEL 19 FRANKFORD AVENUE | of State | □ Delete | TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE | T ADDRESS ST-ZIP ET ADDRESS ST-ZIP | ADC | Trus | st Fund Co | ntribution | ۱. | ND DIII | Added RECTOR: Change Change | S IN 11 | dition |
| After May Make Check Pay 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | 1, 2003 Fee will be \$550.00 able to Florida Department OFFICERS AN E NNEDY, MICHAEL 19 FRANKFORD AVENUE | of State | ☐ Delete ☐ Delete . | TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE 'NAME 'NAME 'NAME | T ADDRESS ST-ZIP ET ADDRESS ST-ZIP | ADC | Trus | st Fund Co | ntribution | ۱. | ND DIII | Added RECTOR: Change Change | S IN 11 | dition |
| After May Make Check Pay: 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE | 1, 2003 Fee will be \$550.00 able to Florida Department OFFICERS AN E NNEDY, MICHAEL 19 FRANKFORD AVENUE | of State | ☐ Delete ☐ Delete . | TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE 'NAME STREE | T ADDRESS ST-ZIP ET ADDRESS ST-ZIP | ADC | Trus | st Fund Co | ntribution | ۱. | ND DIII | Added RECTOR: Change Change | S IN 11 Add | dition |
| After May Make Check Pay: 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME | 1, 2003 Fee will be \$550.00 able to Florida Department OFFICERS AN E NNEDY, MICHAEL 19 FRANKFORD AVENUE | of State | Delete Delete | TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE 'NAME STREE CITY- | T ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP | ADC | Trus | st Fund Co | ntribution | ۱. | ND DIS | Added RECTOR: Change Change | S IN 11 | dition |
| After May Make Check Pay: 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | 1, 2003 Fee will be \$550.00 able to Florida Department OFFICERS AN E NNEDY, MICHAEL 19 FRANKFORD AVENUE | of State | ☐ Delete ☐ Delete . | TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE 'NAME STREE | T ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP | ADC | Trus | st Fund Co | ntribution | ۱. | ND DIS | Added RECTOR: Change Change | S IN 11 Add | dition |
| After May Make Check Pay 10. ITILE VAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME NAME | 1, 2003 Fee will be \$550.00 able to Florida Department OFFICERS AN E NNEDY, MICHAEL 19 FRANKFORD AVENUE | of State | Delete Delete | TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE VAME CITY- TITLE VAME TITLE VAME CITY TITLE NAME NAME NAME NAME NAME NAME NAME NAM | T ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP | ADC | Trus | st Fund Co | ntribution | ۱. | ND DIS | Added RECTOR: Change Change | S IN 11 Add | dition |
| After May Make Check Pay 10. ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS | 1, 2003 Fee will be \$550.00 able to Florida Department OFFICERS AN E NNEDY, MICHAEL 19 FRANKFORD AVENUE | of State | Delete Delete | TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE TI | T ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP | ADC | Trus | st Fund Co | ntribution | ۱. | NO DIII | Added RECTOR: Change Change Change | Add | dition |
| After May Make Check Pay 10. ITILE VAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME NAME | 1, 2003 Fee will be \$550.00 able to Florida Department OFFICERS AN E NNEDY, MICHAEL 19 FRANKFORD AVENUE | of State | Delete Delete | TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE TI | T ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP E E E ET ADDRESS - ST-ZIP | ADC | Trus | st Fund Co | ntribution | ۱. | NO DIII | Added RECTOR: Change Change | Add | dition |
| After May Make Check Pay: 10. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | 1, 2003 Fee will be \$550.00 able to Florida Department OFFICERS AN E NNEDY, MICHAEL 19 FRANKFORD AVENUE | of State | Delete Delete Delete | TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE CITY | T ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E | ADC | Trus | st Fund Co | ntribution | ۱. | NO DIII | Added RECTOR: Change Change Change | Add | dition |
| After May Make Check Pay: 10. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME TITLE NAME NAME | 1, 2003 Fee will be \$550.00 able to Florida Department OFFICERS AN E NNEDY, MICHAEL 19 FRANKFORD AVENUE | of State | Delete Delete Delete | TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY | T ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP E E EET ADDRESS -ST-ZIP E E EET ADDRESS | ADC | Trus | st Fund Co | ntribution | ۱. | NO DIII | Added RECTOR: Change Change Change | Add | dition |
| After May Make Check Pay: 10. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | 1, 2003 Fee will be \$550.00 able to Florida Department OFFICERS AN E NNEDY, MICHAEL 19 FRANKFORD AVENUE | of State | Delete Delete Delete | TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY | T ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E | ADC | Trus | st Fund Co | ntribution | ۱. | NO DIN | Added RECTOR: Change Change Change | Add | dition |
| After May Make Check Pay: 10. 11ILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1, 2003 Fee will be \$550.00 able to Florida Department OFFICERS AN E NNEDY, MICHAEL 19 FRANKFORD AVENUE | of State | Delete Delete Delete | TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY TITLE TITLE TITLE TITLE TITLE TITLE NAME STREE CITY TITLE TITLE TITLE TITLE TITLE NAME STREE CITY TITLE TITLE TITLE NAME STREE CITY TITLE TITLE TITLE NAME STREE CITY TITLE | T ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP E EET ADDRESS | ADC | Trus | st Fund Co | ntribution | ۱. | NO DIN | Added RECTOR: Change Change Change | Add | dition |
| After May Make Check Pay: 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1, 2003 Fee will be \$550.00 able to Florida Department OFFICERS AN E NNEDY, MICHAEL 19 FRANKFORD AVENUE | of State | Delete Delete Delete Delete Delete | TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STRE CITY TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE CITY | T ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP E EEET ADDRESS -ST-ZIP E EEET ADDRESS -ST-ZIP E ME EET ADDRESS -ST-ZIP E ME | ADC | Trus | st Fund Co | ntribution | ۱. | NO DIN | Added RECTOR: Change Change Change | Add | dition |
| After May Make Check Pay 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1, 2003 Fee will be \$550.00 able to Florida Department OFFICERS AN E NNEDY, MICHAEL 19 FRANKFORD AVENUE | D DIRECTO | Delete Delete Delete Delete Delete | TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STRE CITY TITLE NAME STREE CITY | T ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E ME EET ADDRESS -ST-ZIP E ME EET ADDRESS -ST-ZIP E ME EET ADDRESS | | Trus | ST Fund Co | TO OFFI | CERS AI | ND Dili | Added RECTOR: Change Change Change | Add | dition dition |

of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my changed, or on an attachment with any address, with all other like on powered.

SIGNATURE