## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # F9400001645 May 05, 2000 8:00 am Secretary of State 1. Entity Name BAY WEST REAL ESTATE CO., INC. 05-05-2000 90048 014 \*\*\*150.00 Mailing Address Principal Place of Business 7901 4TH STREET NORTH 7901 4TH STREET NORTH **STE 200** STE 200 ST. PETERSBURG FL 33702 ST. PETERSBURG FL 33702-4300 US 3. Mailing Address 2. Principal Place of Business 7901 4th St. North St. North Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 220 Applied For City & State . Petersburg 4. FEI Number City & State 35-1915855 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BALKAN, THOMAS J Street Address (P.O. Box Number is Not Acceptable) 7901 4TH ST N STE 200 ST PETERSBURG FL 33702 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CD TITLE ☐ Delete TITLE WALL, KARL J NAME NAME STREET ADDRESS STREET ADDRESS 700 1 STREET SOUTH CITY-ST-ZIP CITY-ST-7IP TIERRA VERDE FL 33715 ☐ Change Addition PTD ☐ Delete TITLE TITLE MCNALLY, JOSEPH W NAME NAME STREET ADDRESS STREET ADDRESS 830 PINELLAS BAYWAY S CITY-ST-7IP CITY-ST-ZIP TIERRA VERDE FL 33715 ☐ Addition ☐ Delete . Change REINKING, LINDA L NAME STREET ADDRESS STREET ADDRESS 2218 BIRCHBARK TRAIL CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 34623** ☐ Delete ☐ Change ☐ Addition TITLE NAME READ, WAYNE STREET ADDRESS STREET ADDRESS 3732 BRAMBLEWOOD COURT CITY-ST-ZIP CITY-ST-ZIP LAND O LAKES FL 34639 ☐ Delete Change ☐ Addition TITLE NAME BALKAN, THOMAS J STREET ADDRESS 7233 DANBURY WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER BEACH FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

SAMUESON DALLA SECRETARY

HIGHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00

127-577-3771

CR2E034 (9/99)

Daytime Phone #