

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90090 021 ***150.00

DOCUMENT # F96000001848



1. Entity Name
LAZY BAY LIMITED, INC.

Principal Place of Business
% T.C. ROBERGE, 1 BCH DR #220
ST PETERSBURG FL 33701

Mailing Address
% T.C. ROBERGE, 1 BCH DR #220
ST PETERSBURG FL 33701



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **95-0164224**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

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

ROBERGE, THOMAS C CPA
1 BEACH DR SE #220
ST PETERSBURG FL 33701

Name
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 _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DCPT	<input type="checkbox"/> Delete
NAME	MUELLER, CONSTATIN	
STREET ADDRESS	% T.C. ROBERGE, 1 BCH DR #220	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	DCVS	<input type="checkbox"/> Delete
NAME	MUELLER, BETTINA	
STREET ADDRESS	% T.C. ROBERGE, 1 BCH DR #220	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
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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: SIGNATURE REQUIRED Date: Jan 17/03 Daytime Phone #: 727 822 9393

CR2E034 (10/02)