FILED

2002 UNIFORM BUSINESS REPORT (UBR

2002	. 01111	TONIN DOSI	NESS REFO	1	(ODI	<u>''</u>	Feb 24	2002	8.00	l am	
DOCUMENT # H78833 1. Entity Name BAYFRONT ENTERPRISES, INC.							Feb 24, 2002 8:00 am Secretary of State 02-24-2002 90083 009 ***158.75				
Principal Place of Business C/O SUE G. BRODY 701 6TH STREET SOUTH ST. PETERSBURG FL 33701 US			Mailing Address C/O SUE G. BRODY 701 6TH STREET SOUTH ST. PETERSBURG FL 33701 US								
2. Principal Place of Business			3. Mailing Address				 	80 1) 0 7011 0 161	\$2511 51511 51	017 010 11 (007	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. F	El Number 59-2592872		_ 	plied For Applicable	
Zip	Country		Zip Count		ry	5. C	Certificate of Status Desired		8.75 Addi		
	egistered Agent	7. Name and Address of New Regi				egistered Ag	ent				
BRODY, SUE G. 701 SIXTH STREET SOUTH 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 register SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE After May 1, 2002 Fee Make Check Payable to D					Agent signatur IS \$150.0	re required when rei		DATE ancing	\$5.0I Added	May Be to Fees	
11. OFFICERS AND I			IRECTORS		ADI	DITIONS/CHANGES TO OFF	CERS AND D) RECTORS	IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Sue G St South Rsburg fl	☐ Delete					[Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		RIC STREET SOUTH RSBURG FL	☐ Delete]	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST THORNTO 701 6 ST	N, ROBERT W	☐ Delete					[Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete]	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1		☐ Delete						Change	☐ Addition	

SIGNATURE:

MATURE AND PPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 frustey 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.

01/28/02 Date

(727) 893-6015