## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # H90888

1. Entity Name

BAYSHORE LAND MAINTENANCE CO., INC.

				OH WE IM	•			
Principal Place of Business 4323 SE BAYSHORE TERRACE STUART FL 34997  Mailing Address 4323 SE BAYSHORE TERI STUART FL 34997  STUART FL 34997		TERRACE		220 	004270			
2. Principal Pl	lace of Business	3. Mailing Address				18184 1811 81811 81811	<b>81511 0</b> 1011 011	9)1 81811 1881
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 59-232161	4	<b>—</b>	plied For t Applicable
Zip	Country	Zip	Counti	ry	5. Certificate of Status Desired		3.75 Addi e Required	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New	Registered Age	ent	
	o. Hallo dita Field			Name				
HEDBERG 4323 SE I	i, Daniel Bayshore Terrace	Street Addres		s (P.O. Box Number is Not Acceptable)				
STUART F								
2.48				City	***	FL	Zip Code	9
Afte	Signature, typed or printed name of registered agent ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00		(NOTE: Registered	Agent signature requ	g. Election Campaign Trust Fund Contribu			O May Be I to Fees
	c Payable to Florida Department o	<u>.                                      </u>	11.		ADDITIONS/CHANGES TO O	FEICERS AND D	IRECTORS	3 IN 11
10.	OFFICERS AND	DIRECTORS Delete	TITLE		ADDITIONO/CHANGED TO C		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HEDBERG, ELAINE 4323 S.E. BAYSHORE TERR. STUART FL	L) Delete	NAME STREE					
TITLE NAME STREET ADDRESS	D HEDBERG, DANIEL 4323 S.E. BAYSHORE TERR. STUART FL	☐ Delete		i			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STUART PE	☐ Delete	TITLE NAMI STRE			(	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		l l			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete					Change	Addition
TITLE		☐ Delete	TITLE	I .			Change	☐ Addition

STREET ADDRESS

CITY-ST-ZIP

FILED Feb 06, 2003 8:00 am Secretary of State

02-06-2003 90096 031 \*\*\*150.00

CR2E034 (10/02)

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:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date ,\

Daytime Phone #