

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90262 007 ***150.00

361044

DO NOT WRITE IN THIS SPACE

DOCUMENT # J49181**1. Entity Name**
BAYWOOD TECHNOLOGIES, INC.**Principal Place of Business**
9428 BAYMEADOWS ROAD.. STE 580
JACKSONVILLE FL 32256**Mailing Address**
9428 BAYMEADOWS ROAD.. STE 580
JACKSONVILLE FL 32256**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2751509**Applied For
Not Applicable

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****BRANT, MOORE, SAPP, MACDONALD & WELLS, P.A.**
SUITE 3100- BARNETT CENTER
50 NORTH LAURA STREET
JACKSONVILLE FL 32202**Name** **Brant, Abraham, Reiter & McCormick PA**
Street Address (P.O. Box Number is Not Acceptable)
50 North Laura Street
Suite 2750
City **Jacksonville** **FL** **32202****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** *JAN D. McCormick, VP*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: **1/15/07****9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **STD** ☐ Delete
NAME **FITZGERALD, WILLIAM D**
STREET ADDRESS **9428 BAYMEADOWS ROAD., STE 580**
CITY-ST-ZIP **JACKSONVILLE FL 32256****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **D** ☐ Delete
NAME **ROSS, KIMBALL K**
STREET ADDRESS **770 W. GRANADA BLVD., STE. 309**
CITY-ST-ZIP **ORMOND BEACH FL 32174****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **D** ☐ Delete
NAME **GREEN, GLEN**
STREET ADDRESS **9428 BAYMEADOWS ROAD STE 580**
CITY-ST-ZIP **JACKSONVILLE FL 32256****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **P** ☐ Delete
NAME **GOIN, DOUG**
STREET ADDRESS **9428 BAYMEADOWS ROAD., STE 580**
CITY-ST-ZIP **JACKSONVILLE FL 32256****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)