2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State
02-10-2002 90024 022 ***150.00

DOCUMENT # K61298

1. Entity Name
BAY MACHINE, INC.

Principal Place of Business	Mailing Address
1617 49TH STREET, SOUTH GULFPORT FL 33707	1617 49TH STREET, SOUTH GULFPORT FL 33707

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1321 77th St E	1321 77th St. E
Suite, Apt. #, etc. J-101	Suite, Apt. #, etc.
City & State Palmetto, Fl.	City & State Same
Zip 34221 / Country Manatee	Zip / Country

4. FEI Number 59-3007916 ☐ Applied For ☐ Not Applicable

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
QUINN SUZANNE POB 192 617 TERRA CEIA RD TERRA CEIA FL 34250	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.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUINN, SALLY ~~1617 49TH ST. S.~~ ~~GULFPORT FL~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 1321 77th St. E S101 Palmetto, Fl. 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD QUINN, THOMAS J JR ~~1617 49TH ST~~ ~~SO. GULFPORT FL 33707~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 1321 77th St E J-19 Palmetto, Fl. 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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: Sally Quinn 1-10-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #