

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

04-15-2002 90048 048 \*\*\*158.75

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<b>DOCUMENT # K74619</b> 1. Entity Name <b>BAY HARBOUR INVESTMENTS, INC.</b>			
Principal Place of Business <del>777 S. HARBOUR ISLAND BLVD</del> <del>270</del> <del>TAMPA FL 33602</del> <del>US</del>		Mailing Address <del>P O BOX 418</del> <del>TAMPA FL 33601</del> <del>US</del>	
2. Principal Place of Business <b>10124 Foxhurst Court</b> Suite, Apt. #, etc.		3. Mailing Address <b>10124 Foxhurst Court</b> Suite, Apt. #, etc.	
City & State <b>Orlando, FL</b> Zip <b>32836</b>		City & State <b>Orlando, FL</b> Zip <b>32836</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-2948172</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Name and Address of Current Registered Agent <b>VAN DYKE, STEVEN A</b> <del>777 S. HARBOUR ISLAND BLVD</del> <b>10124 Foxhurst Court</b> <del>SUITE 270</del> <del>TAMPA FL 33602</del> <b>Orlando, FL 32836</b>	
7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		11. OFFICERS AND DIRECTORS	
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		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.	



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

SIGNATURE:

*Signature*  
**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/16/02 (407) 345-8332**