

# 2001 UNIFORM BUSINESS REPORT (UBR)

0017325 AF

**DOCUMENT #** L00000012547

**1. Entity Name**  
BAYSHORE FINANCIAL PLANNING GROUP, LLC

**Principal Place of Business**  
165 BALTIC CIRCLE  
TAMPA FL 33606

**Mailing Address**  
165 BALTIC CIRCLE  
TAMPA FL 33606

FILED  
01 MAY 24 PM 12:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business** Suite, Apt. #, etc.

**3. Mailing Address** Suite, Apt. #, etc.

**4. FEI Number** 59-3674929 **Applied For**  Not Applicable

**5. Certificate of Status Desired**  **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
LOPEZ, MARGARET A  
165 BALTIC CIRCLE  
TAMPA FL 33606

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Margaret A. Lopez 165 Baltic Circle Tampa, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Joe Lopez 165 Baltic Circle Tampa, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:** Margaret A. Lopez **DOCUMENT #** L00000012547 **Date** 4/26/2001 **Daytime Phone #** (813) 253-6517

CR2E083 (11/00)