

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000009422

1. Entity Name

FLORIDA BAY AREA INVESTMENTS, LLC

Principal Place of Business

5703 SOUTH SHERIDAN ROAD
TAMPA FL 33611

Mailing Address

5703 SOUTH SHERIDAN ROAD
TAMPA FL 33611

2. Principal Place of Business

120 Baltic Circle

Suite, Apt. #, etc.

3. Mailing Address

120 Baltic Circle

Suite, Apt. #, etc.

City & State

Tampa Florida

City & State

Tampa Florida

Zip

33606

Country

Hillsborough

Zip

33606

Country

Hillsborough

6. Name and Address of Current Registered Agent

WATERS, CODY W
501 EAST KENNEDY BLVD.
SUITE 1700
TAMPA FL 33602

4. FEI Number

01-0709154

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Brewer, John B Jr.

Street Address (P.O. Box Number is Not Acceptable)

1718 E. 7th Avenue

City

Tampa

FL

Zip Code

33605

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]

Signature of or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-25-02

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

| | | |
|----------------|-------------------|--|
| TITLE | Managing Partner | <input checked="" type="checkbox"/> Delete |
| NAME | Joel W. Brewer | |
| STREET ADDRESS | 120 Baltic Circle | |
| CITY-ST-ZIP | Tampa FL 33606 | |
| TITLE | Managing Partner | <input checked="" type="checkbox"/> Delete |
| NAME | Joel W. Brewer | |
| STREET ADDRESS | 120 Baltic Circle | |
| CITY-ST-ZIP | Tampa FL 33606 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

10. ADDITIONS/CHANGES

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. 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 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:

[Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-25-02

FILED
Jul 01, 2002 8:00 am
Secretary of State

05-12-2002 90576 037 ****50.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)