

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-26-2002 90012 027 ****50.00

DOCUMENT # L01000020221

1. Entity Name

BAYSHORE PRODUCTIONS, LLC

Principal Place of Business

Mailing Address

**4807 BAYSHORE BLVD
 SUITE D-7
 TAMPA FL 33661**

**C/O MELISSA CLARK DALEY PA
 3819 W SAN MIGUEL ST
 TAMPA FL 33629**

2. Principal Place of Business

3. Mailing Address

3819 W SAN MIGUEL ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA FL

4. FEI Number

01-0559279

Applied For

Not Applicable

Zip

Country

Zip

Country

33629

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DALEY, MELISSA CLARK
 MELISSA CLARK DALEY PA
 3819 W SAN MIGUEL ST
 TAMPA FL 33629**

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

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MANAGING MEMBER** ☐ Delete
 NAME **ANTHONY SULLIVAN**
 STREET ADDRESS **4807 BAYSHORE BLVD., D-7**
 CITY-ST-ZIP **TAMPA FL 33629**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

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

ANTHONY SULLIVAN 11/02/02 (813) 250-3628

Date

Daytime Phone #

CR2F083 (9/01)