


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90011 016 ***158.75

DOCUMENT # L14073
1. Entity Name Tampa Bayside Homes, Inc.
DBA - Repo Mart



DO NOT WRITE IN THIS SPACE

44018785

2. Principal Place of Business 34140 S.R. 54 3. Mailing Address 34140 S.R. 54
Suite, Apt. #, etc. - Suite, Apt. #, etc. -

DO NOT WRITE IN THIS SPACE

City & State Zephyrhills, Fla. City & State Zephyrhills, Fla. 4. FEI Number 59-297 1325 Applied For
Not Applicable
Zip 33543 Country U.S.A. Zip 33543 Country U.S.A. 5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name Ronald P. Teevan
Street Address (P.O. Box Number is Not Acceptable) 200 N. Garden Ave, Suite A
City Clearwater, FL 33755

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. I am familiar with, and accept the obligations of registered agent.

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | |
|----------------------------|----------------------------------|----------------|--|
| TITLE | <u>PST D</u> | TITLE | |
| NAME | <u>Stetler, Jim L.</u> | NAME | |
| STREET ADDRESS | <u>93 Eastwinds Ct.</u> | STREET ADDRESS | |
| CITY-ST-ZIP | <u>Palmdale Harbor Fl. 34683</u> | CITY-ST-ZIP | |
| TITLE | <u>V.P.</u> | TITLE | |
| NAME | <u>Pleskovich, Steve J.</u> | NAME | |
| STREET ADDRESS | <u>411 Cabot St.</u> | STREET ADDRESS | |
| CITY-ST-ZIP | <u>Inverness Fl. 33452</u> | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
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| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Jim L. Stetler - Pres. 3-15-04 Date 8/3/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)