2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003
Secretary of State

DOCUMENT# L53638

Entity Name: BAYSHORE CONSULTANTS, INC.

Current Principal Place of Business:

101 BRINY AVENUE
SUITE 2705
POMPANO BEACH, FL 33062 US

New Principal Place of Business:

3300 UNIVERSITY DRIVE
SUITE 504
CORAL SPINGS, FL 33065 US

Current Mailing Address:

101 BRINY AVENUE
SUITE 2705
POMPANO BEACH, FL 33062 US

New Mailing Address:

FEI Number: 65-0183977 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIES, EDWARD O
101 BRINY AVENUE
SUITE 2705
POMPANO BEACH, FL 33062 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PRES	( ) Delete
Name:	RIES, EDWARD O	
Address:	101 BRINY AVENUE, SUITE 2705	
City-St-Zip:	OMPANO BEACH, FL 33062 US	
Title:	VP	( ) Delete
Name:	BARON, GRACE L	
Address:	101 BRINY AVENUE, SUITE 2705	
City-St-Zip:	POMPANO BEACH, FL 33062 US	
Title:	SEC.	( ) Delete
Name:	RIES, EDWARD O	
Address:	101 BRINY AVENUE, SUITE 2705	
City-St-Zip:	POMPANO BEACH, FL 33062 US	
Title:	D	( ) Delete
Name:	RIES, EDWARD O	
Address:	101 BRINY AVENUE, SUITE 2705	
City-St-Zip:	POMPANO BEACH, FL 33062 US	
Title:	D	( ) Delete
Name:	BARON, GRACE L	
Address:	101 BRINY AVENUE, SUITE 2705	
City-St-Zip:	POMPANO BEACH, FL 33062 US	
Title:	TRES	( ) Delete
Name:	RIES, EDWARD O	
Address:	101 BRINY AVENUE, SUITE 2705	
City-St-Zip:	POMPANO BEACH, FL 33062 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD O. RIES PRES 04/29/2003

Electronic Signature of Signing Officer or Director — Date