

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # L63204

1. Corporation Name

BAY FINANCE, INC.

Pri	ncip	al	Place	of	Business
	~~		CA 41 1 F		NDT:

Mailing Address

FILED Mar 10, 1999 8:00 am **Secretary of State**

03-10-1999 90088 021 ***150.00



121 27TH AVE NE 215 26 AVENUE NORTH ST. PETERSBURG FL 33704 ST. PETERSBURG FL 33704 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/06/1990 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-3031314 Not Applicable 26 21 Suite, Apt. #, etc. \$8,75_Additional Suite, Apt. #, etc. s—Certificate of Status Desired* Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country Zip Country This corporation owes the current year Intangible Personal Property Tax. 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ULRICH, G. KURTIS Street Address (P.O. Box Number is Not Acceptable) 215 26 AVENUE NORTH ST. PETERSBURG FL 33704 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with and accept the obligations of Section 607.0505. Florida Statutes.

agent. i ai	in lamiliar with, and accept the obliga	lions or, Section 607.0005, Florid	a Statutes.	- 61	′^-	ĺ
SIGNATURE	Signature dyped or printed name of registered ager	at and title if applicable. (NOTE: R	egistered Agent signature require	d when reinstating)	TE	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition
NAME	ULRICH, G. KURTIS		1.2 NAME			
STREET ADDRESS	215 26 AVE N.		1.3 STREET ADDRESS			Ì
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP	<u> </u>		
TITLE	D	☐ DELETE	2.1 TITLE		Change	☐ Addition
NAME	ULRICH, R. TRENT		2.2 NAME	,	•	1
STREET ADDRESS	215 26 AVE. N.		2.3 STREET ADDRESS			ı
CITY-ST-ZIP	ST. PETERSBURG FL		2. 4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	3.1 TITLE		Change	Addition
NAME :	ULRICH, ROBERT L.		3.2 NAME			1
STREET ADORESS	215 26 AVE N.		3.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL		3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 ππ.E		Change	☐ Addition
NAME			4. 2 NAME		,	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	••	☐ Change	Addition
NAME			5.2 NAME		-	
STREET ADDRESS			5.3 STREET ADDRESS			}
CITY-ST-ZIP			5.4 CITY-ST-ZIP	·		
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			.]
C/TY-ST-ZIP	. •		6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

898-1500 (225) Daytime Phone #