

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90181 029 ****50.00

DOCUMENT # **L92000000034**

1. Entity Name

BAY MOUNTAIN INVESTMENTS, L.C.

Principal Place of Business

**201 14TH AVE N.
ST. PETERSBURG FL 33701**

Mailing Address

**201 14TH AVE N.
ST. PETERSBURG FL 33701**

2. Principal Place of Business

**944 4th St N
Suite 800 2**

3. Mailing Address

**944 4th St N
Suite 800**

City & State
St Petersburg FL

Zip Country
33701 Pinellas

City & State
St Petersburg FL

Zip Country
33701 Pinellas

4. FEI Number **59-3154268**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FUDGE, FELIX D
201 14TH AVENUE, NORTH
ST. PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

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

F. D. Fudge

(NOTE: Registered Agent signature required when reinstating)

3/1/02

DATE

FILE NOW!!! FEE IS \$50.00

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

9. MANAGING MEMBERS / MANAGERS

TITLE NAME ☐ Delete
M MORLEY, MARK
STREET ADDRESS **101 NORTH CASCADE., SUITE 310**
CITY-ST-ZIP **COLORADO SPRINGS CO**

TITLE NAME ☐ Delete
M FUDGE, FELIX D
STREET ADDRESS **201 14TH AVE N.**
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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:

F. D. Fudge

3/1/02

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

Date

Daytime Phone #

CR2E083 (9/01)