

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90327 046 \*\*\*158.75

DOCUMENT # L99430

1. Entity Name

BAY INSURANCE MARKETING, INC.

Principal Place of Business

2846 US 19 N  
2ND FLOOR  
PALM HARBOR FL 34683  
US

Mailing Address

2300 CURLEW RD  
2ND FLOOR  
PALM HARBOR FL 34683  
US

2. Principal Place of Business

3605 A17 19 N.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1575

Suite, Apt. #, etc.

City & State

Palm Harbor, FL

City & State

Palm Harbor FL

4. FEI Number

59-3281205

Applied For

Not Applicable

Zip

34683

Country

US

Zip

34682

Country

US

5. Certificate of Status Desired

8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLIMCZAK, PAUL J.

2300 CURLEW RD

2ND FLOOR

PALM HARBOR FL 34683

Name

3605 A17 19 N.

City Palm Harbor

FL

Zip Code 34683

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

Paul J. Klimczak

4/17/01

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDTS	<input type="checkbox"/> Delete
NAME	KLIMCZAK, PAUL J	
STREET ADDRESS	2300 CURLEW RD., 2ND FLOOR	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DONOFRUIS, FRANK	
STREET ADDRESS	6711 BRADLEY COURT	
CITY-ST-ZIP	DOWNERS GROVE IL 60516	
TITLE	V-Pres, Director	<input type="checkbox"/> Delete
NAME	Phillip G. Chesson	
STREET ADDRESS	3605 A17 19 N.	
CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3605 A17 19 N.	
CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul J. Klimczak

4/17/01

727-772-7800

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)