

2002 UNIFORM BUSINESS REPORT (UBR)

0014943

DOCUMENT # M00000000327

1. Entity Name

BAY VILLAS, LLC

Principal Place of Business

60 FOSTERTOWN RD.
MEDFORD NJ 08055

Mailing Address

60 FOSTERTOWN RD.
MEDFORD NJ 08055

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 22-3707528

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

200009176982
11/22/02--01095--001 **50.00

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 25, 2002

11/22/02--01095--001 **50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME CAVE, LOWELL P
STREET ADDRESS 60 FOSTERTOWN RD.
CITY-ST-ZIP MEDFORD NJ 08055

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 12/30/02--01017--011 **100.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
NAME
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:

~~SIGNATURE REQUIRED~~

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

Date

Daytime Phone #

CR2E083 (4/02)

FILED
2002 DEC 24 AM 11:46
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

FILED

2002 DEC 24 AM 11:46

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

December 2, 2002

BAY VILLAS, LLC
60 FOSTERTOWN RD.
MEDFORD, NJ 08055

SUBJECT: BAY VILLAS, LLC
Ref. Number: M00000000327

We have received your document for BAY VILLAS, LLC and your check(s) totaling \$50.00. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$100.00.

If you have any further questions concerning your document, please call (850) 245-6043.

Joey Bryan
Document Specialist
Tax Liens

Letter Number: 502A00064002