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## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # MQ5Q8Q

Principal Place of Business  C/O SAMUEL J. SARTINO 2945 BEE RIDGE RD. 2945 BEE RIDGE RD. SARASOTA FL 34239  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 08/25/1988  2. Principal Place of Business 21 21 21 5 See No 22 26 29 45 See No 22 26 29 45 See No 22 27  City & State 23 ARASOTA FL 34239  Mailing Address 2a. Mailing Address 2b. Certificate of Status Desired	1. Corporation Name BAY SHORE FINANCIAL SERVICES, INC.							
2345 BEE RIDGE RD SARASOTA FL 34239  25 ARASOTA FL 34239  26 APPLY Size Logs 27 Principal Place of Business 28 ARASOTA FL 34239  29 Applied For Suite, Apr. 8, etc. 20 Applied For Suite, Apr. 8, etc. 21 Applied For Suite, Apr. 8, etc. 22 Applied For Suite, Apr. 8, etc. 23 Applied For Suite, Apr. 8, etc. 24 APPLY Size Logs 25 Actions for Suite, Apr. 8, etc. 27 Country 28 ARASOTA FL 34239  29 APPLY Size Logs 20 Applied For For Required Character of Status Desired Character of	Principal Place of Business Mailing Address					i fabiadei (18 ifini filit filit i fini salia sali fini fini andi grati andi andi andi		
OB/25/1988   OB/	C/O SAMUEL J. SARTINO 2945 BEE RIDGE RD.		2945 BEE RIDGE RD.					
2. Principal Piere of Business 21 24 5 26 2915 62 76 26 2915 62 76 65-0000000						· · · · · · · · · · · · · · · · · · ·		
Suits, Apt. #, etc.    Suits, Apt. #, etc.   Suits, Apt. #, etc.   Suits, Apt. #, etc.   Suits, Apt. #, etc.   So. Certificate of Status Desired   Fee Required	2. Principal Place of Business		- noin K W	2	Q <sub>I</sub>	4. FEI Number Applied For		
State   Stat	L		Suite, Apt. #, etc.		<u> </u>	\$8.75 Additional		
Zip Country 28	City & State		28 ARASOA, FL.			1 1 2 1		
SARTINO, SAMUEL J. 2945 BEE RIDGE RD. SARASOTA FL 34239  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the approximent as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the approximent as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATUREX Signature, Typed or primed name of registered agent und fine if applicable. (NOTE Registered Agent signature required when renstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD  DELETE  11. TITLE  PD  DELETE  12. TITLE  D  D  DELETE  13. TITLE  PD  Addition  Change Addition  Change Addition  Change Addition  THES, JOHN R.  22. NAME  SARTINO, S CHAPPIE  STREET ADDRESS  24. CITY. ST. ZIP  SARASOTA FL 34239  DELETE  13. TITLE  D  Change Addition  Change Addition  Change Addition  Addition  Addition  Addition  Addition  AMME SARTINO, S CHAPPIE  STREET ADDRESS  CITY. ST. ZIP  SARASOTA FL 34232  LA CITY. ST. ZIP  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  VD  Change Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO FL Change Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  VD  Change Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO PROVE THE ADDRESS IN THE ADDRESS	Zip		Zip	Count	<b>7</b> 5	Personal Property Tax. Yes No		
SARTINO, SAMUEL J. 2945 BEE RIDGE RD. SARASOTA FL 34239  82 Street Address (P.O. Box Number is Not Acceptable)  83 84 City  FL 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 orgent, 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATUREX  SIGNATUREX  SIGNATUREX  SIGNATUREX  SIGNATURE PD		9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent		
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 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  [NOTE: Registered Agent signature required when reinstating]  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD DELETE 1.1 TITLE  SARTINO, SAMUEL J.  STREET ADDRESS  CITY-ST-ZIP  SARASOTA FL 34239  1.4 CITY-ST-ZIP  TITLE  D DELETE 2.1 TITLE  1.3 STREET ADDRESS  CITY-ST-ZIP  SARASOTA FL 34232  1.4 CITY-ST-ZIP  NAME  SARASOTA FL 34232  1.5 TITLE  1.5 TITL	2945 BEE RIDGE RD.			8	Street A			
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STREET ADDRESS 2512 ARAPAHO ST.	TITLE		☐ DEFELE		I.			
					1	DLICCHED, NICOLE J.		
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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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

DELETE

SIGNATURE: X

941-923-0703

☐ Change

Change

☐ Addition

Addition