

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 08, 1999 8:00 am  
Secretary of State

03-08-1999 90097 022 \*\*\*150.00

DOCUMENT # M95989

1. Corporation Name

BAY SHORE FINANCIAL SERVICES, INC.

Principal Place of Business

C/O SAMUEL J. SARTINO  
2945 BEE RIDGE RD.  
SARASOTA FL 34239

Mailing Address

C/O SAMUEL J. SARTINO  
2945 BEE RIDGE RD.  
SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1988

4. FEI Number

65-0060000

Applied For

Not Applicable

5. Certificate of Status: Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 2945 Bee Ridge Rd.  
Suite, Apt. #, etc.

2a. Mailing Address

26 2945 Bee Ridge Rd.  
Suite, Apt. #, etc.

City & State

23 SARASOTA, FL.

City & State

28 SARASOTA, FL.

Zip

24 34239

Country

25 US

Zip

29 34239

Country

30 US

9. Name and Address of Current Registered Agent

SARTINO, SAMUEL J.  
2945 BEE RIDGE RD.  
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name

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 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.

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

TITLE PD ☐ DELETE

NAME SARTINO, SAMUEL J.  
STREET ADDRESS 2945 BEE RIDGE RD.  
CITY-ST-ZIP SARASOTA FL 34239

TITLE D ☐ DELETE

NAME THEIS, JOHN R.  
STREET ADDRESS 2651 MAPLELOFT LANE  
CITY-ST-ZIP SARASOTA FL 34232

TITLE VD ☐ DELETE

NAME SARTINO, S CHAPPIE  
STREET ADDRESS 2502 N CLARK STREET  
CITY-ST-ZIP CHICAGO IL 60614

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

SECRETARY / TREASURER  
OLIZZARD, NICOLE S.  
2512 ARAPAHO ST.  
SARASOTA, FL. 34231

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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: ☒ REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/99

Date

941-923-0703

Daytime Phone #

CR2E034 (11/98)