

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90010 013 ***158.75

DOCUMENT # M95989

1. Entity Name
BAY SHORE FINANCIAL SERVICES, INC.

Principal Place of Business 2945 BEE RIDGE RD SARASOTA FL 34239	Mailing Address 2945 BEE RIDGE RD SARASOTA FL 34231-5016
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0060000	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name NICOLE BLIZZARD
Street Address (P.O. Box Number is Not Acceptable) 2512 ARAPAHO ST.
City SARASOTA
State FL
Zip Code 34231

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: *Nicole S. Blizzard*

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

(NOTE: Registered Agent signature required when reinstating)

DATE: **1/21/00**

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, 2000 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 PD	<input type="checkbox"/> Delete
NAME SARTINO, SAMUAL J	
STREET ADDRESS 2945 BEE RIDGE RD.	
CITY-ST-ZIP SARASOTA FL 34239	
TITLE D	<input type="checkbox"/> Delete
NAME THEIS, JOHN R	
STREET ADDRESS 2651 MAPLEOFT LANE	
CITY-ST-ZIP SARASOTA FL 34232	
TITLE VD	<input type="checkbox"/> Delete
NAME SARTINO, S CHAPPIE	
STREET ADDRESS 2502 N CLARK STREET	
CITY-ST-ZIP CHICAGO IL 60614	
TITLE ST	<input type="checkbox"/> Delete
NAME BLIZZARD, NICOLE S	
STREET ADDRESS 2512 ARAPAHO ST.	
CITY-ST-ZIP SARASOTA FL 34231	
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	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(f), 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: *Nicole S. Blizzard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **1/21/00** DAYTIME PHONE: **941 926 0108**

DATE DAYTIME PHONE #

CR2E034 (9/99)