

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90157 049 ***150.00

DOCUMENT # P00000006973

1. Entity Name
BAY HARBOUR FINANCIAL CORPORATION



Principal Place of Business
~~19920 FREEMAN DRIVE~~ **205 Mahogans Drive**
~~N. FORT MYERS FL 33917~~
Seffner FL 33584

Mailing Address
~~POST OFFICE BOX 3620~~ **1025**
~~N. FORT MYERS FL 33917~~ **Brandon FL**
33509-1025



2. Principal Place of Business
205 Mahogans Drive
Suite, Apt. #, etc.
Seffner FL
City & State

3. Mailing Address
P.O. Box 1025
Suite, Apt. #, etc.
Brandon FL
City & State

☐ CHECK HERE IF MAKING CHANGES

Zip
33584

Country
Hillsborough

Zip
33509-1025

Country
Hillsborough

4. FEI Number **65-1038380**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VACCHINO, LINDA
~~19920 FREEMAN DRIVE~~
~~N. FORT MYERS FL 33917~~

7. Name and Address of New Registered Agent

Name
Linda Vacchino

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

City
Seffner FL

Zip Code
33584

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

(NOTE: Registered Agent signature required when reinstating)

4-28-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVP	<input type="checkbox"/> Delete
NAME	VACCHINO, LINDA	
STREET ADDRESS	19920 FREEMAN DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33917	
TITLE	ST	<input type="checkbox"/> Delete
NAME	VACCHINO, LINDA	
STREET ADDRESS	19920 FREEMAN DRIVE	
CITY-ST-ZIP	NORTH FORT MEYERS FL 33417	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Linda Vacchino	
STREET ADDRESS	205 Mahogans Dr. Seffner FL 33584	
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Linda Vacchino	
STREET ADDRESS	205 Mahogans Dr. Seffner FL 33584	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Linda Vacchino**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03

813 657 2073

Date Daytime Phone #

CR2E034 (10/02)