FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90197 001 ***150.00

[redacted]

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000098605

1. Entity Name
Bimini Bay Group, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1500 Colonial Blvd.		1500 Colonial Blvd	
Suite, Apt. #, etc. 102		Suite, Apt. #, etc. 102	
City & State: Fort Myers Florida		City & State: Fort Myers Florida	
Zip: 33907	Country: U.S.	Zip: 33907	Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0976809 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Robert J. Pellegrino
Street Address (P.O. Box Number Is Not Acceptable): 1500 Colonial Boulevard
Suite 102
City: Fort Myers **FL** Zip Code: 33907

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Robert J. Pellegrino 1801 Brantley Road 1009 Fort Myers Florida 33907	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01 Date
941 9390600 Daytime Phone #