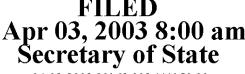
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P00000021710 **DOCUMENT #** 1. Entity Name BAY MAINTENANCE & LANDSCAPE INC.

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FILED
Apr 03, 2003 8:00 am
Secretary of State
04-03-2003 90162 003 ***150.00

Daytime Phone #

			GO WE TE		
Principal Place of Business 15645 INDIAN QUEEN DR ODESSA FL 33656		Mailing Address 15645 INDIAN QUEEN DI ODESSA FL 33656	R		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 59-3011907	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of C	Current Registered Agent		7. Name and Address of New Registered	Agent
			Name		
	FREDERICK J VINE PL		Street Addres	s (P.O. Box Number is Not Acceptable)	
TAMPA FI					
		•	City	Fi	Zip Code
		ment for the purpose of changing its	s registered office or regis	tered agent, or both, in the State of Florida. I am	familiar with, and accept
the obligat	tions of registered agent.			-	·
SIGNATURE,	Signature, typed or printed name of register	gred agent and title if applicable. (NO	TE: Registered Agent signature requ	ired when reinstating) DATE	
-	<i></i>	<del></del>			
Afte	iLE NOW!!! FEE IS \$150. r May 1, 2003 Fee will be \$5 c Payable to Florida Departi	50.00		<ol> <li>Election Campaign Financing Trust Fund Contribution.</li> </ol>	\$5.00 May Be Added to Fees
10.		RS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 11
TITLE '	P	☐ Delete	TITLE	ABBITIONO/CITATOEO (C OTTIOENO)	☐ Change ☐ Addition
NAME	WILSON, FRED		NAME		
STREET ADDRESS	15645 INDIAN QUEEN DR		STREET ADDRESS		
CITY-ST-ZIP	ODESSA FL 33556 7		CITY-ST-ZIP		
TITLE	VP	→ Uelete	TITLE		☐ Change ☐ Addition }
NAME STREET ADDRESS	WILSON, MARY   15645 INDIAN QUEEN DR		NAME STREET ADDRESS		
CITY-ST-ZIP	ODESSA FL 33556		CITY-ST-ZIP		
TITLE	09200/1120000	□ Delete	TITLE	<del></del>	Change Addition
NAME		_ DVVIII	NAME		
STREET ADDRESS			STREET ADDRESS		
CITY=ST=ZiP=			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		— Si-Change □ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		Delete	TITLE		Change Addition
NAME		Doigle	NAME		Grango Address
STREET ADDRESS			STREET ADDRESS		j
CITY-ST-ZIP	· <u>.</u>	<del></del>	CiTY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		j
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
	ar a la cr				<del></del>
indicated	on this report or supplemental r	enort is true and accurate and that i	my signature shall have th	Section 119.07(3)(i), Florida Statutes. I further ce e same legal effect as if made under oath; that I 07, Florida Statutes; and that my name appears	am an officer or director