

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90053 027 ***150.00

DOCUMENT # P00000023632

1. Entity Name
BAYSIDE AQUATICS, INC.

Principal Place of Business
3105 24TH AVENUE SOUTHEAST
RUSKIN FL 33570

Mailing Address
P.O. BOX 5296
SUN CITY CENTER FL 33571

2. Principal Place of Business
5201 Bonita Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Wimauxa, FL.

City & State

Zip
33598

Country
Hills

Zip

Country

4. FEI Number
59-3629755

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name
William S. Crenshaw JR.

Street Address (P.O. Box Number is Not Acceptable)
5201 Bonita Dr.

City
Wimauxa FL Zip Code
33598

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 William S. Crenshaw JR 4-9-01
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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
CRENSHAW, WILLIAM S JR.
3105 24TH AVENUE SOUTHEAST
RUSKIN FL 33570 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
Crenshaw, William S. JR.
5201 Bonita Dr.
Wimauxa, FL. 33598 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TO
Crenshaw, William S. SR.
2810 14th Ave S.E.
Ruskin, FL. 33570 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

SIGNATURE: William S. Crenshaw JR 4-09-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
813-633-9315

CR2E034 (10/00)