

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 09, 2003 8:00 am**  
**Secretary of State**

07-09-2003 90036 003 \*\*\*150.00

0134080 AT

**DOCUMENT # P00000023632**

**1. Entity Name**  
**BAYSIDE AQUATICS, INC.**



**Principal Place of Business**  
**5201 BONITA DR**  
**WIMAUMA FL 33598**

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



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number 59-3629755**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CRENSHAW, WILLIAM S JR**  
**5201 BONITA DR**  
**WIMAUMA FL 33598**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PSD** ☐ Delete  
**NAME** **CRENSHAW, WILLIAM S JR**  
**STREET ADDRESS** **5201 BONITA DR**  
**CITY-ST-ZIP** **WIMAUMA FL 33598**

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

**TITLE** **TD** ☒ Delete  
**NAME** **CRENSHAW, WILLIAM S JR**  
**STREET ADDRESS** **2810 14TH AVE SE**  
**CITY-ST-ZIP** **RUSKIN FL 33570**

**TITLE** **TD** ☒ Change ☐ Addition  
**NAME** **Dana Jo Moylan**  
**STREET ADDRESS** **1417 Pinetree Circle**  
**CITY-ST-ZIP** **Wimauma, FL 33598**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
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**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:** William S. Crenshaw Jr  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**William S CRENSHAW JR**  
**7-7-03 813-633-9315**  
**Date Daytime Phone #**

CR2E034 (4/03)