

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
May 31, 2001 8:00 am
Secretary of State

05-12-2001 90053 021 ***158.75

DOCUMENT # P00000043252

1. Entity Name

BAYSIDE SHIRT COMPANY

Principal Place of Business

Mailing Address

~~10 OTTER LAKE RD~~ **4786A**
~~PANACEA FL 32346~~ **WOODLANE CIRCLE**
TALLAHASSEE, FL
32303

P.O. BOX 98
 PANACEA FL 32346

2. Principal Place of Business

TALLAHASSEE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

4786A WOODLANE CIRCLE

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

Zip

32303

Country

LEON

Zip

Country

4. FEI Number

59-3652666

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCDONALD, ROBERT B
195 MASHES SAND RD
PANACEA FL 32346

7. Name and Address of New Registered Agent

Name

SAME

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.

SIGNATURE

Robert B. McDonald

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-30-01

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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	ROBERT B. MCDONALD	
STREET ADDRESS	195 MASHES SAND ROAD	
CITY-ST-ZIP	PANACEA, FL 32346	
TITLE	VICE PRESIDENT SALES	<input type="checkbox"/> Delete
NAME	BRIAN WELLS	
STREET ADDRESS	5485 PEDRICK CROSSING	
CITY-ST-ZIP	TALLAHASSEE, FL 32302	
TITLE	VICE PRESIDENT, MARKETING	<input type="checkbox"/> Delete
NAME	MARK B. MCDONALD	
STREET ADDRESS	3603 BUCKNER CT.	
CITY-ST-ZIP	TALLAHASSEE, FL 32313	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Robert B. McDonald

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT B. MCDONALD

Date

4-30-01 850-514-9971

Daytime Phone #

FAX 514-9972

CR2E034 (10/00)