


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91466 004 ***150.00

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

DOCUMENT # P0000079320			
1. Entity Name BAYFAIR NEW FLORESTA, INC.			
Principal Place of Business 3717 WEST NORTH 'B' STREET TAMPA, FL 33609		Mailing Address 3950 SOUTH DALE MABRY HIGHWAY TAMPA, FL 33629	
2. Principal Place of Business		3. Mailing Address 3717 North B STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TAMPA, FL		4. FEI Number 59-3672287	
Zip 33609		Country US	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent MILLER, RANDELL 315 SOUTH HYDE PARK AVENUE TAMPA, FL 33606		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number Is Not Acceptable)		Street Address (P.O. Box Number Is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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.		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
SIGNATURE _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when alternating)			
FILE NOW!!! FEE IS \$180.00 After May 1, 2003 Fee will be \$560.00 Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D MORRIS, J. MICHAEL <input type="checkbox"/> Delete	TITLE	D MORRIS, J. MICHAEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, J. MICHAEL	NAME	MORRIS, J. MICHAEL
STREET ADDRESS	3050 SOUTH DALE MABRY HIGHWAY	STREET ADDRESS	3717 NORTH B STREET
CITY-ST-ZIP	TAMPA, FL 33629	CITY-ST-ZIP	TAMPA, FL 33609
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(1), 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: _____		4/16/03 8138753800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	
J. MICHAEL MORRIS			
DIRECTOR			

CR2E034 (10/02)