## 2001 UNIFORM BUSINESS REPORT (UBR) FILED May 14, 2001 8:00 am Secretary of State DOCUMENT # P00000086030 1. Entity Name BAY PUBLICATIONS, INC. 05-14-2001 90079 026 \*\*\*150.00 Mailing Address Principal Place of Business 288 BEACH DRIVE NE. #9A 288 BEACH DRIVE NE. #9A ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701 2. Principal Place of Business 3. Mailing Address P.O. BOX 22915 500 TRINITY LANE N Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE # 1310 Applied For City & State 4. FEI Number City & State ST PETERS BURG, FLORICA 59-3672114 Not Applicable PETERSBURG, FLARIDA \$8.75 Additional Country Zip Country 5. Certificate of Status Desired -US A 33742-2915 VS4 Fee Required ろるつしん 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FERENCHICK, JOHN D Street Address (P.O. Box Number is Not Acceptable) 288 BEACH DRIVE NE. #9A 500 TRINITY LAND ST. PETERSBURG FL 33701 APT 47310 PETERSBURG 3371 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. @ FESENCHIK SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change Delete TITLE TITLE FERENCHIK, JOHN D NAME NAME 500 TRINKY LANE N. # 7310 288 BEACH DRIVE NE, #9A STREET ADDRESS STREET ADDRESS ST. PETERSBURG IFL 33714 CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33701 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

10HJ

Daytime Phone #

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: