

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90003 014 ***150.00

DOCUMENT # P00000102721



1. Entity Name
FLATS BAY & PASS, CO.

Principal Place of Business
**2151 MAIN STREET
SUITE 201
SARASOTA FL 34237**

Mailing Address
**2151 MAIN STREET
SUITE 201
SARASOTA FL 34237**

70000136



2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

CHECK HERE IF MAKING CHANGES

Zip Country Zip Country

4. FEI Number **65-1063204**
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

**BYRD, DEREK
2151 MAIN STREET
SUITE 201
SARASOTA FL 34237**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	D <input type="checkbox"/> Delete
NAME	BYRD, DEREK ESQ
STREET ADDRESS	100 WALLACE AVENUE STE 250
CITY-ST-ZIP	SARASOTA FL 34237
TITLE	D <input type="checkbox"/> Delete
NAME	HILTON, RYAN
STREET ADDRESS	473 PARTRIDGE CIRCLE
CITY-ST-ZIP	SARASOTA FL 34238
TITLE	D <input type="checkbox"/> Delete
NAME	SEACE, ERIC
STREET ADDRESS	3354 PLANTATION PLACE
CITY-ST-ZIP	SARASOTA FL 34231
TITLE	<input type="checkbox"/> Delete
NAME	
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CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (10/02)

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: SIGNATURE REQUIRED DEREK BYRD 1/3/03 941-954-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #