

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90143 002 \*\*\*150.00

**DOCUMENT # P01000001091**

**1. Entity Name**  
**STORMY BAYS FINISHINGS, INC.**



**Principal Place of Business**  
27131 OLD 41 ROAD  
SUITE 17  
BONITA SPRINGS FL 34135

**Mailing Address**  
27131 OLD 41 ROAD  
SUITE 17  
BONITA SPRINGS FL 34135

**2. Principal Place of Business**

**3. Mailing Address**

17398 Cleveland Dr.

P.O. Box 267

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**City & State**

FT Myers FL

Bonita Springs FL

**Zip**

Country  
USA

**Zip**

34133

Country  
USA

**4. FEI Number** 59-3689716

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**

**SPIEGEL & UTRERA, P.A.**  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

**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**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**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** PD ☐ Delete  
**NAME** BAYS, KEVIN S  
**STREET ADDRESS** 27131 OLD 41 ROAD SUITE 17 P.O. Box 267  
**CITY-ST-ZIP** BONITA SPRINGS FL 34135 34133

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

**TITLE** VSTD ☐ Delete  
**NAME** BAYS, SHARON N  
**STREET ADDRESS** 27131 OLD 41 ROAD SUITE 17 P.O. Box 267  
**CITY-ST-ZIP** BONITA SPRINGS FL 34135 34133

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

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

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**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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

SHARON N. BAYS 4/18/03 239498.3347

**Date**

**Daytime Phone #**

0543485 AV

CR2E034 (10/02)