

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

DOCUMENT # *P01 0000 7080*
1. Entity Name
J & Bayline Investment Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5099 Bayline Dr
Suite, Apt. #, etc.

3. Mailing Address
3900 Isle Ciudad Ct
Suite, Apt. #, etc.

City & State
Ft Myers FL 33917
Zip
33917
Country
USA

City & State
Naples FL
Zip
34109
Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1072511
Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name *Alan D Stupakitz*
Street Address (P.O. Box Number is Not Acceptable)
900 E. Atlantic Blvd
Ste 17
City *Pompano Beach* FL Zip Code *33060*

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)
January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP <i>James G. Lynn 5099 Bayline Dr DP Ft Myers 33917</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>DUST Robert L Shearer 3900 Isle Ciudad Ct Naples FL 34109</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert L Shearer Treasurer* 7/15/02 22395930358
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)