

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2002 8:00 am
Secretary of State

04-29-2002 90164 033 ***150.00

DOCUMENT # P01000010448

1. Entity Name

BAYTREE OFFICE PARTNERS, INC.

Principal Place of Business

1299 BEDFORD DR STE A
 MELBOURNE FL 32940

Mailing Address

PO BOX 410668
 MELBOURNE FL 32941-0668



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1299 Bedford Dr
 Suite, Apt. #, etc.
 Suite B

3. Mailing Address

P.O. Box 410668
 Suite, Apt. #, etc.
 N/A

City & State

Melbourne, FL
 Zip
 32940
 Country
 USA

City & State

Melbourne, FL
 Zip
 32940
 Country
 USA

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required*

6. Name and Address of Current Registered Agent

FOLENO, GARY
 412 LOFTS DR
 MELBOURNE FL 32940

7. Name and Address of New Registered Agent

Name
 N/A
 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

5-10-02

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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	PRESIDENT GARY FOLENO 412 LOFTS DR MELBOURNE, FL 32940	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Ronald Foleno 411 Lofts Dr. Melbourne, FL 32940	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-02

Date

Daytime Phone #

CR2E034 (9/01)