


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90069 016 ***150.00

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DOCUMENT # P01000018913	
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1. Entity Name BAYSHORE MEDIA, INC.	Principal Place of Business 6925 112TH CIRCLE NORTH SUITE 102 LARGO FL 33773	Mailing Address 6925 112TH CIRCLE NORTH SUITE 102 LARGO FL 33773
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10091335



2. Principal Place of Business 855 Dunbar Avenue Suite, Apt. #, etc.	3. Mailing Address PO Box #818 Suite, Apt. #, etc.
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☐ CHECK HERE IF MAKING CHANGES

City & State Oldsmar, FL	City & State Oldsmar, FL	4. FEI Number 59-3701675	Applied For <input type="checkbox"/> Not Applicable
Zip 34677	Country U.S.A.	Zip 34677	Country U.S.A.

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DYAL, LUCIUS M JR 501 EAST KENNEDY BLVD TAMPA FL 33602
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7. Name and Address of New Registered Agent 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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE <input type="checkbox"/>
D NUGENT, BRIAN 6925 112TH CIRCLE NORTH SUITE 102 LARGO FL 33773	<input type="checkbox"/>
D WATTERS, STEPHEN 6925 112TH CIRCLE NORTH SUITE 102 LARGO FL 33773	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE <input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHANGE <input checked="" type="checkbox"/> ADDITION <input type="checkbox"/>
D Nugent, Brian 855 Dunbar Avenue Oldsmar, FL 34677	<input checked="" type="checkbox"/>
D Watters, Stephen M. 855 Dunbar Avenue Oldsmar, FL 34677	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>

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: 	4-28-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR2E034 (10/02)