

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

FILED

02 AUG 14 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000045377

1. Entity Name

BAYSHORE LENDING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3300 University Drive

Suite, Apt. #, etc.
Suite 504

City & State
Coral Springs, FL

Zip
33065

Country

3. Mailing Address
3300 University Drive

Suite, Apt. #, etc.
Suite 504

City & State
Coral Springs, FL

Zip
33065

Country
Broward

4. FEI Number
65-1103912

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Edward O. Ries

Street Address (P.O. Box Number is Not Acceptable)

3300 University Drive, Suite 504

City Coral Springs, FL

FL

Zip Code
33065

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 D/P/S/T
NAME Edward O. Ries
STREET ADDRESS 3300 University Drive, Suite 504
CITY-ST-ZIP Coral Springs, FL 33065

TITLE
NAME
STREET ADDRESS 300007169743--4
CITY-ST-ZIP -08/16/02--01056--009
*****70.00 *****70.00

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward O. Ries 8/7/02 (954) 781-5555

Date:

Daytime Phone: #