

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2002 8:00 am
Secretary of State

04-17-2002 90063 011 ***150.00

DOCUMENT # P01000045663

1. Entity Name

BAYSIDE SERVICES OF BREVARD, INC.

Principal Place of Business

1248 ELCON DR
 MELBOURNE FL 32904

Mailing Address

1248 ELCON DR
 MELBOURNE FL 32904

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3716413

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BROADWAY, DARLENE
 1248 ELCON DR
 MELBOURNE FL 32904

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.

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) ☐

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

D BROADWAY, DARLENE
 1248 ELCON DR
 MELBOURNE FL 32904

☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
 NAME
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 CITY-ST-ZIP

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ 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 Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/02

CR2E034 (9/01)

Bayside Services of Brevard, Inc.
1248 Elcon Drive
Melbourne, FL 32904
321-953-5164

Attachment

96309

PD 1000045463

June 20, 2002

To whom it may concern:

I am doing a follow up on the attached paper work that was sent back to you on April 25, 2002.

I called today and they said you did not receive the copies that I returned to you with the FEI number before the May 1 deadline. The gentleman that I spoke with said for me to resend the copies as I am so doing and ask for reinstatement of my account.

Also I would appreciate the waving of the late fees for reinstatement as it was sent in twice and the check was received by The State back on April 17, 2002.

Please reinstate my account and I thank you for your attention to this matter. If you have any questions, please call me.


Darlene Broadway
President