

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90076 040 ***150.00

DOCUMENT # P01000057241

1. Entity Name
BAYSIDE BUILDING, INC.

Principal Place of Business
**12301 MCGREGOR PALMS DRIVE
 FORT MYERS FL 33908**

Mailing Address
**12301 MCGREGOR PALMS DRIVE
 FORT MYERS FL 33908**

2. Principal Place of Business

12301 McGregor Palms Dr
 Suite, Apt. #, etc.

3. Mailing Address

same
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Fort Myers FL 33908

City & State
same

4. FEI Number
65-1150471

Applied For
 Not Applicable

Zip
33908

Country
Lee

Zip
same

Country
same

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

**KOTEL, STEVEN W
 12301 MCGREGOR PALMS DRIVE
 FORT MYERS FL 33908**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **KOTEL, STEVEN W**
 STREET ADDRESS **12301 MCGREGOR PALMS DRIVE**
 CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 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 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* **4/25/02** **941-267-3233**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)