## 2003 FOR PROFIT CORPORATION

## **FILED** Mar 11, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P01000075043 DOCUMENT # 1. Entity Name 03-11-2003 90143 032 \*\*\*150.00 BAYSIDE PROPERTY MANAGEMENT USA, INC. Principal Place of Business Mailing Address 1053 FREEBOARD BOULEVARD 711 A W GARDEN ST PENSACOLA FL 32507 PENSACOLA FL 32501 2. Principal Place of Business Bass and Sandfort Accountants PA Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 1301 West Garden Street Pensacola, FL 32501 City & State 4. FEI Number Applied For 59-3734614 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Na<u>me ---</u> -**BASS & SANDFORT ACCOUNTANTS INC** Bass and Sandfort Accountants PA 711 A W GARDEN ST 1301 West Garden Street PENSACOLA FL 32501 Pensacola, FL 32501... 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE MOORE, MARTHA E NAME NAME 1053 FREEBOARD BOULEVARD STREET ADDRESS STREET ADDRESS PENSACOLA FL 32507 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS

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 of 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

TYPED OR PRINTED NAME OF