

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-30-2002 90061 046 ***150.00

DOCUMENT # P01000076759

1. Entity Name

BAYOU HOMES BY DESIGN, INC.

Principal Place of Business

**1302 PENNSYLVANIA AVE
 PALM HARBOR FL 34683**

Mailing Address

**1302 PENNSYLVANIA AVE
 PALM HARBOR FL 34683**

2. Principal Place of Business

1641 Florida Ave

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Palm Harbor, FL

City & State

Zip

34683

Country

USA

Country

4. FEI Number

59-3738444

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

BELCHER, DALE

**1302 PENNSYLVANIA AVE.
 PALM HARBOR FL 34683**

7. Name and Address of New Registered Agent

O'Connell Brian

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

1641 Florida Ave

City

Palm Harbor

FL

Zip Code

34683

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

5/14/02

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	PD	<input type="checkbox"/> Delete
NAME	BELCHER, DALE	
STREET ADDRESS	1302 PENNSYLVANIA AVE.	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P.D. 3, T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brian O'Connell	
STREET ADDRESS	1641 Florida Ave	
CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

5/14/02

727-781-1719

CR2E034 (9/01)