FILED

2002 Uniform Business Report (UBR)

Apr 08, 2002 8:00 am Secretary of State P01000103490 DOCUMENT # 1. Entity Name 04-08-2002 90079 021 ***150.00 BAYSIDE STEAMERY, INC. Principal Place of Business Mailing Address 4010 LAUREN CT. 4010 LAUREN CT. DESTIN FL 32541 DESTIN FL 32541 2. Principal Place of Business 3. Mailing Address 1888 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 3752001 City & State Applied For Not Applicable Country Zio Country \$8.75 Additional 5. Certificate of Status Desired usA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YATES David YATES, DAVID 230 HWY 98 EAST) 530 Hwy 98 E Street Address (P.O. Box Number is Not Acceptable) 530 Hwy 98 E. 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) 🔾 Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (9/01) President TITLE TITLE ☐ Delete NAME NAME - 530 Hwy 98 E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME 30 Hwy 98 E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE . Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.