## 2002 Uniform Business Report (UBR)

SIGNATURE: 5

## Apr 11, 2002 8:00 am Secretary of State DOCUMENT # P01000117544 1. Entity Name MY BABY SAM, INC. 04-11-2002 90701 019 \*\*\*150.00 Principal Place of Business Mailing Address 149 OCEAN WALK DR. S. 149 OCEAN WALK DR. S. ATLANTIC BEACH FL 32233 ATLANTIC BEACH FL 32233 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 01-0606872 Not Applicable Zip Country Zip Country \$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 SWAIM, STEVEN Street Address (P.O. Box Number is Not Acceptable) 149 OCEAN WALK DR. S. ATLANTIC BEACH FL 32233 City 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 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. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (9/01) ☐ Delete TITLE President ☐ Change Addition fresident NAME NAME oceanwalk Dr. S. 149 Oceanwalk Dr. S. STREET ADDRESS STREET ADDRESS Attentic Beach, Fr 322-33 CITY-ST-ZIP CITY-ST-ZIP Attantic Beach. TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME 149 Ocean walk Dr. S. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Attantic Beach TITLE-Delete: 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-7IP CITY-ST-ZIP TITLE ☐ Delete 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-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 attact friend with an address, with all other like empowered.

TEVEN A. SWAIM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR