

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90483 025 \*\*\*150.00

**DOCUMENT # P02000029706**

1. Entity Name  
**BAYPORT SALES CORP.**



Principal Place of Business  
**28471 US 19 NORTH  
SUITE 502  
CLEARWATER FL 33761**

Mailing Address  
**28471 US 19 NORTH  
SUITE 502  
CLEARWATER FL 33761**



2. Principal Place of Business

**8181 Ulmerton Rd  
#1**

3. Mailing Address

**1550 Patricia Av  
Suite, Apt. #, etc.**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Largo FL**

City & State  
**Dunedin FL**

4. FEI Number  
**38-3645622**

Applied For  
☐ Not Applicable

Zip  
**33771**

Country  
**FLORIDA**

Zip  
**34698**

Country  
**FLORIDA**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name  
**DOUGLAS D. WILKEY**  
Street Address (P.O. Box Number is Not Acceptable)  
**1550 PATRICIA AV  
DUNEDIN**  
City  
**FL** Zip Code  
**34698**

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 **Douglas D. Wilkey**  
Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/11/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD  
WILKEY, DOUGLAS D  
28471 US 19 NORTH  
CLEARWATER FL 33761** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 or 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.

SIGNATURE: **Douglas D. Wilkey** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-11-03 727-530-9004**  
Date Daytime Phone #

CR2E034 (10/02)