

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90215 024 ***150.00

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DOCUMENT # P02000043486

1. Entity Name
SOUTH BAY, INC.



Principal Place of Business
**4512 S. HESPERIDES
TAMPA FL 33611**

Mailing Address
**4512 S. HESPERIDES
TAMPA FL 33611**

11015727



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

75-3041254

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRYANT, LOUIS
4512 S. HESPERIDES
TAMPA FL 33611**

7. Name and Address of New Registered Agent

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **ROBINSON, TIMOTHY**
STREET ADDRESS **4713 BAY VISTA**
CITY-ST-ZIP **TAMPA FL 33611**

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

TITLE **VP** ☐ Delete
NAME **JOHN C. AARON**
STREET ADDRESS **3402 W SAN LUIS**
CITY-ST-ZIP **TAMPA FL 33629**

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

TITLE **SECRETARY** ☐ Delete
NAME **LOUIS C. BRYANT**
STREET ADDRESS **4512 S. HESPERIDES ST**
CITY-ST-ZIP **TAMPA FL 33611**

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

TITLE **TREASURER** ☐ Delete
NAME **ROBERT A. KILLETTE**
STREET ADDRESS **708 S. WESTSHORE BLVD**
CITY-ST-ZIP **TAMPA FL 33609**

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

TITLE **OFFICER** ☐ Delete
NAME **FRED ANDERS**
STREET ADDRESS **4320 ANITA**
CITY-ST-ZIP **TAMPA FL 33611**

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

TITLE **SERGEANT AT ARMS** ☐ Delete
NAME **ROBERT CVITKOVICH**
STREET ADDRESS **8620 MANASSAS RD**
CITY-ST-ZIP **TAMPA FL 33635**

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

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: _____

ROBERT KILLETTE 4/23/03 813-637-0936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)