2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State
02-03-2003 90050 028 ****70.00
02-24-2003 90224 042 ****80.00

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10026359

DOCUMENT # P02000056790

1. Entity Name
BAYSHORE HOMES, INC.

Principal Place of Business	Mailing Address
1700 W COLONIAL DR SUITE THREE ADAMS SUITE 1172 ORLANDO FL 32802	PO BOX 1172 ORLANDO FL 32802-1172

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1665596 ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ADAMS, TIM L TH.D 1700 W COLONIAL DR SUITE THREE ADAMS SUITE 1172 ORLANDO FL 32802	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 Tim Adams TIM ADAMS 01-28-03
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ADAMS, TIM L TH.D. 1700 W COLONIAL DR SUITE THREE ADAMS ORLANDO FL 32802 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ADAMS, TIM Lucas Th. D. 1025 N. Pine Hills Rd. ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ADAMS, VICTOR BROTHER 1700 W COLONIAL DR SUITE THREE ADAMS ORLANDO FL 32802 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ADAMS, TIMEKA A.A. 1700 W COLONIAL DR SUITE THREE ADAMS ORLANDO FL 32802 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BUTLER, CEPHUS ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Butler CEPHUS 1025 N. Pine Hills Rd. Orl. FL 32808 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Johnson, Ken 1025 N. Pine Hills Rd. Orl. FL 32808 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: Tim Adams SIGNATURE REQUIRED 01-28-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #