2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2/3/

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-03-2003 90050 028 ****70.00
02-24-2003 90224 042 ****80.00

10026359

DOCUMENT # P02000056790

1. Entity Name
BAYSHORE HOMES, INC.

Principal Place of Business
1700 W COLONIAL DR SUITE THREE ADAMS
SUITE 1172
ORLANDO FL 32802

Mailing Address
PO BOX 1172
ORLANDO FL 32802-1172

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

☐ CHECK HERE IF MAKING CHANGES

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
ADAMS, TIM L TH.D
1700 W COLONIAL DR SUITE THREE ADAMS
SUITE 1172
ORLANDO FL 32802

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 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 ☐ Delete ADAMS, TIM L TH.D. 1700 W COLONIAL DR SUITE THREE ADAMS ORLANDO FL 32802	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P ☒ Change ☒ Addition ADAMS, TIM Lucas Th. D. 1025 N. Pine Hills Rd.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete ADAMS, VICTOR BROTHER 1700 W COLONIAL DR SUITE THREE ADAMS ORLANDO FL 32802	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete ADAMS, TIMEKA A.A. 1700 W COLONIAL DR SUITE THREE ADAMS ORLANDO FL 32802	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 ☐ Change ☒ Addition Butler, CEPHUS 1025 N. Pine Hills Rd. Orl. Fl. 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Change ☒ Addition Johnson, Ken 1025 N. Pine Hills Rd. Orl. Fl. 32808
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: SIGNATURE REQUIRED 01-28-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #