

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0094119 AV

DOCUMENT # P02000126067



FILED
SECRETARY OF STATE
VISION OF CORPORATION

03 OCT 29 PM 3:36

1. Entity Name
BAY MACK GROUP, INC.

Address: *Correction*

Principal Place of Business
~~1401 E 33 AVE TAMPA FL 33603~~ *2408 E. MLK BLVD Tampa, FL 33610-7620*

Mailing Address
~~1401 E 33 AVE TAMPA FL 33603~~ *2408 E. MLK BLVD Tampa, FL 33610-7620*

2. Principal Place of Business
2408 E. MLK BLVD

3. Mailing Address
2408 E. MLK BLVD

City & State
Tampa, Florida

City & State
Tampa, Florida

Zip Country
33610-7620 USA

Zip Country
33610-7620 USA

REINSTATEMENT

CHECK HERE IF MAKING CHANGES

4. FEI Number
03-0495864

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
GIBBONS, GARY A
3321 HENDERSON BLVD
TAMPA FL 33609

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 *Gary A. Gibbons*
GARY A. GIBBONS, Registered Agent

DATE *10/21/03*

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 SNELL, WILLIE A 1401 E 33 AVE TAMPA FL 33603 <i>2408 E. MLK BLVD Tampa, Florida 33610-7620</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary MARY E. SNELL <i>2408 E. MLK BLVD Tampa, Florida 33610-7620</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Willie A. Snell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: *9/8/03*

DAYTIME PHONE #: *813 232 4425*

CR2E034 (4/03)