

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 08, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90020 003 \*\*\*550.00

**DOCUMENT # P02850**

1. Entity Name  
**BAYSIDE AGRICULTURAL, INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>BAYSIDE AGRICULTURAL, INC</b><br><b>2417 CRANBERRY HWY</b><br><b>WAREHAM MA 02571</b><br><b>US</b> | Mailing Address<br><b>BAYSIDE AGRICULTURAL, INC</b><br><b>2417 CRANBERRY HWY</b><br><b>WAREHAM MA 02571</b><br><b>US</b> |
|--|--|



DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|              |              |                                 |  |
|--------------|--------------|---------------------------------|--|
| City & State | City & State | 4. FEI Number <b>04-2595638</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip          | Country      | Zip                             | Country  |

|   |   |
|---|---|
| <b>6. Name and Address of Current Registered Agent</b><br><b>CT CORPORATION SYSTEM</b><br><b>1200 S. PINE ISLAND ROAD</b><br><b>PLANTATION FL 33324</b> | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |  |
|---|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$550.00</b><br><b>After SEPTEMBER 13, 2000 Min. will be \$750.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS                     |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>MARJORIE E. BEATON</b><br><b>118 PICKENS ST.</b><br><b>LAKEVILLE MA</b>     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>CHARLES J. DIRIENZO II</b><br><b>12 SALT MARSH LN.</b><br><b>WAREHAM MA</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TCD</b><br><b>DIRIENZO, CHRISTINE B.</b><br><b>SALT MARSH LANE</b><br><b>WAREHAM MA</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>BEATON, KENNETH D.</b><br><b>LITTLE HARBOR ROAD</b><br><b>WAREHAM MA</b>    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>BEATON, MARJORIE L</b><br><b>LITTLE HARBOR RD</b><br><b>WAREHAM MA</b>      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br><b>BEATON, PETER D</b><br><b>9 ELDERS POND ROAD</b><br><b>LAKEVILLE MA</b>    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Christine B. Dirienzo* **8/1/00** Date **508-295-2222** Daytime Phone #

CR2E034 (5/00)