

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000154768

FILED
Nov 23, 2007
Secretary of State

Entity Name: BAYSIDE COMMERCIAL SMALL BUSINESS INC.

Current Principal Place of Business:

25400 US HWY 19 N., STE. 116
CLEARWATER, FL 33763

New Principal Place of Business:

2520 NE COACHMAN ROAD
CLEARWATER, FL 33765

Current Mailing Address:

25400 US HWY 19 N., STE. 116
CLEARWATER, FL 33763

New Mailing Address:

2520 NE COACHMAN ROAD
CLEARWATER, FL 33765

FEI Number: 20-8047768

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OGILVIE, KATHLEEN
25400 US HWY 19 N., STE. 116
CLEARWATER, FL 33763 US

Name and Address of New Registered Agent:

OGILVIE, KATHLEEN
2520 NE COACHMAN ROAD
CLEARWATER, FL 33765 US

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: KATHLEEN OGILVIE

11/23/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OGILVIE, KATHLEEN
Address: 25400 US HWY 19 N., STE. 116
City-St-Zip: CLEARWATER, FL 33763

Title: S () Delete
Name: OGILVIE, MICHAEL
Address: 16 EAGLE LANE
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OGILVIE, KATHLEEN
Address: 16 EAGLE LANE
City-St-Zip: PALM HARBOR, FL 34683

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN OGILVIE

P

11/23/2007

Electronic Signature of Signing Officer or Director

Date