

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90060 036 ***150.00

DOCUMENT # *P09610*

1. Entity Name

BAY STREET CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7115 S. TROPICAL TRAIL

Suite, Apt. #, etc.

3. Mailing Address

7115 S. TROPICAL TRAIL

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MERRITT ISLAND, FL

City & State
MERRITT ISLAND, FL

4. FEI Number
13-3013675

Applied For
Not Applicable

Zip
32952

Country

Zip
32952

Country

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

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

G. BRIGGS KILBORNE, JR

Street Address (P.O. Box Number is Not Acceptable)

7115 S. TROPICAL TRAIL

City

MERRITT ISLAND

FL

Zip Code

32952

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

G. Briggs Kilborne, Jr.

G. BRIGGS KILBORNE, JR. PDVS 4/23/02

Signature, typed or printed name of registered agent and title if applicable.

(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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PDVS
G. BRIGGS KILBORNE JR.
7115 S. TROPICAL TRAIL
MERRITT ISLAND, FL 32952

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VSPD
KIM K. THIELEMAN
4388 COLUMBIA ROAD
ELLCOTT CITY, MD 21042

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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STREET ADDRESS
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IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

G. Briggs Kilborne, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02 321-242-5333

Date

Daytime Phone #