

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000011314

1. Entity Name

BAYWEST VENTURES, INC.

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90020 017 ***150.00

Principal Place of Business

6011 20TH AVE. S.W.
NAPLES FL 34116-419
US

Mailing Address

6011 20TH AVE. S.W.
NAPLES FL 34116-6066
US

2. Principal Place of Business

6162 Westport Lane
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 990484
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Naples FL

Zip
34116

Country
Collier

City & State

Naples FL

Zip
34116

Country
Collier

4. FEI Number

65-0391503

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BREAK, JERRY
6011 20TH AVE SW
NAPLES FL 34116-5419

7. Name and Address of New Registered Agent

Name

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

6162 Westport Lane

City

Naples

FL

Zip Code

34116

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/2000

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 ☐ Delete
NAME D
STREET ADDRESS BREAK, JERRY
CITY-ST-ZIP 6011 20TH AVE SW
NAPLES FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6162 Westport Lane
CITY-ST-ZIP Naples, FL 34116

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/15/2000

Daytime Phone #

941 353-2523

CR2E034 (9/99)