FILED

## 2003 FOR PROFIT CORPORATION

Apr 16, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P93000012620 DOCUMENT # 04-16-2003 90126 002 \*\*\*150.00 1. Entity Name BAYTOWNE COMMERCIAL HOLDINGS, INC. Principal Place of Business Mailing Address % HOWARD GROUP % HOWARD GROUP 630 GRAND BLVD., STE. 100 630 GRAND BLVD., STE, 100 DESTIN FL 32550 DESTIN FL 32550 US US Principal Place of Business Mailing Address ☐ CHECK HERE IF MAKING CHANGES City & State City State 4. FEI Number Applied For 59-3277911 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOWARD, KEITH Pex Number is Not Acceptable) 630 GRAND BLVD SUITE 100 DESTIN FL 32550 ٠ 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. + am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE □ enange ☐ Addition HOWARD, JAMES KEITH NAME NAME 185 Grand Blld STREET ADDRESS 630 GRAND BLVD., SUITE 100 STREET ADDRESS pandesh'n, FL 32550 DESTIN FL 32541 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE - Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition

12. Thereby 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 a address, with all other like empowered

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

☐ Delete

☐ Addition