

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000067038

1. Entity Name

SOUTH BAY PROPERTY MANAGEMENT INC.

FILED

May 11, 2001 8:00 am  
Secretary of State

05-11-2001 90129 007 \*\*\*185.00

Principal Place of Business

Mailing Address

895 SOUTH INDIANA AVE 895 S. INDIANA AVE  
ENGLEWOOD, FL 34223 ENGLEWOOD, FL 34223

ADDU61993

2. Principal Place of Business

3. Mailing Address

1460 S. McCall Rd 1460 S. McCall Rd  
Suite, Apt. #, etc. 4E Suite, Apt. #, etc. 4E

DO NOT WRITE IN THIS SPACE

City & State  
ENGLEWOOD, FL

City & State  
ENGLEWOOD, FL

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip  
34223

Country  
USA

Zip  
34223

Country  
USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHESTER R. CHAPIN  
650 N. INDIANA AVE  
ENGLEWOOD, FL 34223

Name RITA M. CRAFT

Street Address (P.O. Box Number is Not Acceptable)  
1460 S. McCall Rd

Suite 4E

City ENGLEWOOD

FL

Zip Code  
34223

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

Rita M. Craft Pres.

4-25-01

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) ☒

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☒ Delete  
NAME CHESTER R. CHAPIN  
STREET ADDRESS 650 N. INDIANA AVE  
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE PSTP ☒ Change ☐ Addition  
NAME RITA M. CRAFT  
STREET ADDRESS 1313 LEAWOOD RD  
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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:

Rita M. Craft Pres.

4/25/01 941-474-1166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (11/00)