

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90006 009 ***150.00

DOCUMENT # P93000074626

1. Entity Name
BAY EQUITIES, INC.



Principal Place of Business
2305 WOODBEND CIRCLE
NEW PORT RICHEY FL 34655

Mailing Address
P O BOX 1275
ELFERS FL 34680
US



2. Principal Place of Business
1000 Commercial Way

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Spring Hill, FL

Zip

Country

Zip

Country

34606

U.S.

4. FEI Number **59-3208901**

Applied For

Not Applicable

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

DISBROW, GREGORY
2305 WOODBEND CIRCLE
NEW PORT RICHEY FL 34655

Name **Gregory Disbrow**

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

1000 COMMERCIAL WAY

City **Spring Hill**

FL

Zip Code **34606**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐
Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PC** ☐ Delete
NAME **DISBROW, GREGORY**
STREET ADDRESS **2305 WOODBEND CIRCLE**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **PC** ☒ Change ☐ Addition
NAME **GREGORY DISBROW**
STREET ADDRESS **1000 COMMERCIAL WAY**
CITY-ST-ZIP **Spring Hill, FL 34606**

TITLE **VS** ☐ Delete
NAME **DISBROW, KIMBERLY**
STREET ADDRESS **2305 WOODBEND CIRCLE**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **VS** ☒ Change ☐ Addition
NAME **KIMBERLY DISBROW**
STREET ADDRESS **1000 COMMERCIAL WAY**
CITY-ST-ZIP **Spring Hill, FL 34606**

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gregory Disbrow PC
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03 727-992-3349
Date Daytime Phone #

CR2E034 (10/02)