

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90389 002 ***150.00

04/23/02 AV

DOCUMENT # P93000081642

1. Entity Name

BAYFIELD PROPERTIES, INC.

Principal Place of Business

**413 55TH AVE.
 ST. PETE BEACH FL 33706
 US**

Mailing Address

**413 55TH AVE.
 ST. PETE BEACH FL 33706
 US**

2. Principal Place of Business

1015 LOCUST ST. NE.

3. Mailing Address

P.O. Box 469

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg FL.

City & State

St. Petersburg FL.

Zip

33701

Country

USA

Zip

33731

Country

USA

4. FEI Number

65-0451433

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CLARK, BLAIR W
 300 31ST STREET NORTH
 SUITE 101
 ST. PETERSBURG FL 33713**

7. Name and Address of New Registered Agent

Name

William D. Slicker

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

4554 Central Ave.

Suite E

City

St. Petersburg

FL

Zip Code

33711

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

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, 2002 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 **DVS** ☒ Delete
 NAME **KOWALCHUK, RICHARD A J**
 STREET ADDRESS **413 55TH AVE.**
 CITY-ST-ZIP **ST PETERSBURG BCH FL 33706**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DVS** ☒ Change ☐ Addition
 NAME **KOWALCHUK RICHARD A.J.**
 STREET ADDRESS **1015 LOCUST ST. N.E.**
 CITY-ST-ZIP **ST. PETERSBURG FL 33701**

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 NAME
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 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:

Richard A. J. Kowalchuk pres.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-02 727-644-3461

CR2E034 (9/01)