Aug 18, 2003 8:00 am § Secretary of State

FILED

08-18-2003 90167 017 ***150.00

2003 FOR PROFIT CORPORATION

Mailing Address

P.O. BOX 469

SAINT PETERSBURG FL 33731

UNIFORM BUSINESS REPORT (UBR P93000081642 **DOCUMENT #**

1. Entity Name

Principal Place of Business

SAINT PETERSBURG FL 33701

1015 LOCUST ST. NE

BAYFIELD PROPERTIES, INC.

US			05				ĺ				
2. Principal P	lace of Business	3. Mailing Address					f 10031001 140 10160 13141 00111 99111 90111 00101	10101 HUNG UN	il b ibib iibi i s bi		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & Stat	e	City & State				4. F	4. FEI Number 65-0451433				
Zip	C	Zip		Coun	Country		. Certificate of Status Desired				
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent				
SLICKER, WILLIAM D						Name					
4554 CENTRAL AVE							Street Address (P.O. Box Number is Not Acceptable)				
STE E	IIIVE AVE					-	.,				
SAINT PETERSBURG FL 33711						City FL Zip Code				de	
the obligat	ions of registered ়						registered age	ent, or both, in the State of Florida. I am	familiar with	n, and accept	
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State								9. Election Campaign Financing Trust Fund Contribution. [00 May Be	
10: 1 🗓			DIRECTOR	? \$	11.		AD	DITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	KOWALCHUK, 1015 LOCUST			☐ Delete				-	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		□ Delete		1			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	TITLE NAMI STRE		مهويد تحد	and the second s	☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		, 11	☐ Delete	TITLE NAME STRE				☐ Change	Addition	
TITLE NAME STRFFT ADDRESS			,	☐ Delete	TITLE NAMI				☐ Change	☐ Addition	

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, Fiorida 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:

CITY-ST-ZIP

A STATE

Date

Daytime Phone #

August 15, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Please find enclosed my check for \$150 for my Uniform Business Report filing fee. I did not receive my filing notice this year until this second notice. I always pay my fees on time (usually early) and would have done the same this year had I received timely notification. If you could please remove the late fee for me, it would be greatly appreciated. If you have any questions or concerns, feel free to contact my offices at the above telephone number or address. Thank you in advance for your assistance.

Sincerely,

-Richard A..Kowalchuk..

President

RAK: jfw