

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91647 050 ***150.00

DOCUMENT # P94000016192

1. Entity Name
BAY SYSTEMS, INC.

Principal Place of Business
PMB #275
8499 S. TAMiami TRAIL
SARASOTA FL 34238-2960

Mailing Address
PMB #275
8499 S. TAMiami TRAIL
SARASOTA FL 34238-2960

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3227351**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

GRSZEWski, MARK L
8499 S. TAMiami TRAIL
SUITE 275
SARASOTA FL 34238

Name
Gerszewski, Mark L.
 Street Address (P.O. Box Number is Not Acceptable)
8490 S. Tamiami Trail
 City
Sarasota FL Zip Code
34238

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 *Mark Gerszewski*
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **GRSZEWski, MARK L**
 CITY-ST-ZIP **8499 S TAMiami TRAIL, 275**
SARASOTA FL 34238

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **8490 S. Tamiami Trail**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **WUNDERLIN, PATRICIA A**
 CITY-ST-ZIP **8499 S TAMiami TRAIL 275**
SARASOTA FL 34238

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **8490 S. Tamiami Trail**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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: *Mark Gerszewski*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2002
 Date Daytime Phone #

CR2E034 (9/01)