## 2001 UNIFORM BUSINESS REPORT (UBR)

BAY HARBOR, INC.

2. Principal Place of Business

Principal Place of Business 18374 US HWY 331 S FREEPPORT FL 32439

Mailing Address

18374 US HWY 331 S FREEPPORT FL 32439

3. Mailing Address

## DOCUMENT # **P94000025873**

FILED Apr 30, 2001 8:00 am Secretary of State

04-30-2001 90071 018 \*\*\*150.00



Suite, Apt. #,	, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State		City & State			4. FE	I Number	59-32338	362			Applied Fer	-
Zip	Country	Zip Cou		ntry					¢0	.1	Not Applicable	-
141,0	250		,		<b>5.</b> Ce					75 Additional Required		
	6. Name and Address of Current F			7. Na	me and Ad	ldress of Nev	v Register	ed Age	nt		1	
			Name									
	ll, robert e III Wy 98 e #5		Street Address (P.O. Box Number is Not Acceptable)									
743 H DESTI												
DESII												
		City Zip Code										
8 Tho above r	named entity submits this statement for	the purpose of changing its	rogistor	od office or rec	ictored age	nt or both	in the State of					-
o. The above t	iamed entry submits this statement for	the baltiose of changing its	register	ea onice or reg	istered age	nt, or both.	ii tile State O	T.Oriua.				
SIGNATURE												ì
SIGNATIONE	Signature, typed or printed name of registered agent a	d Agent signature re	cuired when rein	rstaling)	,	DA	TE			İ		
9. This corpor	ation is eligible to satisfy its Intangible	!! FEE	IS \$150.00		40 51		Financia		A-		1	
~	equirement and elects to do so.	After MAY 1, 20				on Campaign Fund Contrib			<b>აე.</b> Add	.00 May Be led to Fees	1	
(See criteria on back)				epartment of								
11.	OFFICERS AND DIRECTORS				ADE	DITIONS/CH	HANGES TO (	OFFICERS				ء ا
DITLE	PD Paris, albert e	☐ Delete	TITL	1					L	] Change	e 🔲 Addition	5
NAME STREET ADDRESS	18374 US HWY 331 S		NAV STRI	EET ADDRESS								1 5
CITY-ST-ZIP	FREEPORT FL 32439		2	'-ST-ZIP								0
TITLE	VST	☐ Delete	:17L	٤						] Change	e 🔲 Addition	- 5
NAME	SMITH, LEROY JR		NAM	4E								1
STREET ADDRESS	52 KENSINGTON LN			EET ADDRESS								1
CITY-S"-ZIP	DESTON FL 32541		-	/ ST-ZIP								4
TITLE	D TAMES OFFODY	☐ Delete	TITL							] Change	e 🔲 Addition	
NAME STREET ADORESS	TAWES, GREGORY 8F113 CHUNGT SHAN N RD		NAN STR	FET ADDRESS								
CITY-ST-ZIP	SEC 2, TAIPEI, 104 TAIWAN		1	Y-ST-ZP								
TITLE	ST	<b>X</b> Delete	TITE	.E						] Chang	a 🔲 Addition	_
NAMÉ	GRADY, ELDER		NAM	Æ.								
STREET ADDRESS	69 E COUNTRY CLUB DRIVE			EET ADDRESS								
CITY-ST-ZIP	DESTIN FL 32541		CiT	Y-ST-ZIP								-
TIFLE	VD	☐ Delete	T:T:							] Chang	ge 📋 Addition	
NAME STREET ADDRESS	NELSON-PARIS, SHERRY L 18374 US HWY 331 S		MAM GTP	ME REST ADDRESS								
CITY-ST-ZIP	FREEPORT FL 32439		3	Y-ST-ZIP								İ
TITLE	TREE OIL IE OCTOR	☐ Delete	TIE						Г	Chang	ge 🔲 Addition	
NAME		D0.000	NA	1						9		-
STREET ADDRESS			STF	REET ADDRESS								İ
Cliv-SI-Z:P			CIT	Y - ST - ZIP								_

13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 eath; 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR