

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

**1. Entity Name**  
**BAY HARBOR, INC.**



**Mailing Address**  
18374 US HWY 331 S  
FREEPORT, FL 32439 US

[illegible]

4. FEI Number  
59-3233862

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**9. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00** May Be Added to Fees

TITLE	PD
NAME	PARIS, ALBERT E
STREET ADDRESS	18374 US HWY 331 S
CITY-ST-ZIP	FREEPORT, FL 32439

TITLE	VST
NAME	SMITH, LEROY JR
STREET ADDRESS	52 KENSINGTON LN
CITY-ST-ZIP	DESTON, FL 32541

TITLE	D
NAME	TAWES, GREGORY
STREET ADDRESS	8F113 CHUNGT SHAN N RD
CITY-ST-ZIP	SEC 2, TAIPEI, 104 TAIWAN,

TITLE	VD
NAME	NELSON-PARIS, SHERRY L
STREET ADDRESS	18374 US HWY 331 S
CITY-ST-ZIP	FREEPORT, FL 32439

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000218762  
02/07/05-80076-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 another like empowered.

**SIGNATURE:** ALBERT E. PARIS, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 3, 2005 850-835-4153

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_