

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 26, 2001 08:00 AM
Secretary of State

DOCUMENT # P94000036201

1. Entity Name
BAY-BRO CORPORATION

Principal Place of Business 901 NORFOLK CT LONGWOOD 32750	FL	Mailing Address 108 SAND PINE LANE LONGWOOD 32779	FL
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2. Principal Place of Business 108 SAND PINE LANE	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State LONGWOOD FL	City & State
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Zip 32750	Country US	Zip	Country
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4. FEI Number 59-3247860	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BALEY RAY
108 SAND PINE LN.

LONGWOOD FL
32770 US

7. Name and Address of New Registered Agent

Name BALEY RAY JP
Street Address (P.O. Box Number is Not Acceptable) 108 SAND PINE LN.
City LONGWOOD FL
Zip Code 32770

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 **RAYMOND J BALEY JR.**

04/26/2001

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, 2001 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 VP	<input type="checkbox"/> Delete
NAME BROOKS ALBERT	
STREET ADDRESS 901 NORFOLK CT	
CITY-ST-ZIP LONGWOOD FL 32750	
TITLE P	<input type="checkbox"/> Delete
NAME BALEY RAYMOND J.	
STREET ADDRESS 108 SAND PINE LN.	
CITY-ST-ZIP LONGWOOD FL 32770	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: **Raymond J. Baley Jr.**

P

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)