

2993  
**FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
 Apr 25, 2003 8:00 am  
 Secretary of State

04-25-2003 90231 033 \*\*\*150.00

DOCUMENT # **P 94000043132**

1. Entity Name

**BAYVIEW CAR CONNECTION INC**



**DO NOT WRITE IN THIS SPACE**

**11016518**

2. Principal Place of Business

**562 MASON AVE**  
 Suite, Apt. #, etc.

3. Mailing Address

**4199 MATLAIR LANE**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**DAYTONA BEACH FL**  
 Zip Country  
**32119**

City & State

**PORT CHARLIE FL**  
 Zip Country  
**32129**

4. FEI Number

**5913256864**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

**GERHARD SCHREIMEL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4199 MATLAIR LANE**

City

**PORT CHARLIE**

FL

Zip Code

**32129**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PO SCHREIMEL GERHARD**  
**4199 MATLAIR LANE**  
**PORT CHARLIE FL 32129**

TITLE  
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Gerhard Schreimel**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GERHARD SCHREIMEL**

**4/21/03 3866799342**  
 Date Telephone #

CR2E034B (12/02)