

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

DAVENA BEACH FL
 Zip **32119**

City & State

PORT CHARLIE FL
 Zip **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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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: **[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERHARD SCHREIMEL

4/25/03 386 679 942
 Date Time Phone #

CR2E034B (12/02)