

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000084878

1. Entity Name

MOBBLY BAY ESTATES, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90162 015 ***158.75

Principal Place of Business

2959 FIRST AVE N
 ST PETERSBURG FL 33713

Mailing Address

P.O. BOX 7432
 SEMINOLE FL 33775-7432
 US

2. Principal Place of Business

3. Mailing Address

2959-First Ave No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 St Pete Fla

4. FEI Number

59-3302278

Applied For

Not Applicable

Zip

Country

Zip

Country

33713

Pinellas

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BACON, DAVID A
 2959 FIRST AVE N
 ST PETERSBURG FL 33713

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME ADAMS, SARAH
 STREET ADDRESS 255-2ND AVE NORTH
 CITY-ST-ZIP SAFETY HARBOR FL 34695



TITLE DT
 NAME SMITH, PAUL D
 STREET ADDRESS 4598-49TH ST. NORTH
 CITY-ST-ZIP ST PETERSBURG FL



TITLE DS
 NAME ADAMS, JOHN B.
 STREET ADDRESS PO BOX 7432
 CITY-ST-ZIP SEMINOLE FL



TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP



TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP



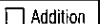
TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP



TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP



TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP



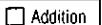
TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP



TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP



TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP



TITLE
 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:

Sarah Adams, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-2000

Date

727-327-3935

Daytime Phone #

CR2E034 (9/99)