

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000088695

1. Entity Name

BAYSIDE INTERIORS, INC.

FILED

Jan 31, 2001 8:00 am  
Secretary of State

01-31-2001 90098 042 \*\*\*150.00

Principal Place of Business

12220 TOWNE LK DR  
5  
FORT MYERS FL 33913

Mailing Address

12220 TOWNE LK DR  
5  
FORT MYERS FL 33913

2. Principal Place of Business

3. Mailing Address

4752 Pembroke Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Benita Springs, FL

Zip

Country

Zip

Country

34134

USA

4. FEI Number

58-2148918

Applied For

Not Applicable

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

BAKER, ANGIE

12290 EAGLE POINTE CIRCLE  
FORT MYERS FL 33913

Name

ANGELA SCANDARIATO

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

4752 Pembroke Lane

City

Benita Springs

FL

Zip Code

34134

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

*Angela Scandariato*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
BAKER, ANGELA  
12220 TOWNE LK. DR, 5  
FORT MYERS FL 33913

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ANGELA SCANDARIATO  
4752 Pembroke Lane  
Benita Springs, FL 34134

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

*Angela Scandariato*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/01

Date

(941) 994-0476

Daytime Phone #

CR2E034 (10/00)

Please note that  
due to my divorce, my  
last name and  
address has changed!  
Thank you