

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90294 001 ***150.00
 05-16-2001 90294 002 *****8.75

DOCUMENT # P95000045657

1. Entity Name
BAYSIDE MARINE COSMETIC & REPAIR, INC.

Principal Place of Business Mailing Address
MOBILE MARINE MOBILE MARINE
4423-3RD AVE E 4423-3RD AVE E
BRADENTON FL 34205 BRADENTON FL 34205

72299



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1404-59th Ave. E. #7		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Bradenton, FL		City & State	
Zip 34203	Country USA	Zip	Country
4. FEI Number 65-0600937		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent DI CARLO, SHEILA 4423 3RD AVE E BRADENTON FL 34208		7. Name and Address of New Registered Agent Name Bayside Marine Cosmetics & Repair Inc Street Address (P.O. Box Number is Not Acceptable) 1404-59th Ave. East Unit #7 City Bradenton FL Zip Code 34203	
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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 *Sheila DiCarlo* DATE 4/24/01
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DI CARLO, SHEILA 1610 29TH STREET WEST BRADENTON FL 34205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DI CARLO, PHILLIP W. 1610-29TH ST. WEST BRADENTON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Sheila DiCarlo* Sheila DiCarlo 4/24/01 941-748-4229
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)