## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P95000063433

Entity Name: BAY SAND COMPANY, INC.

FILED Apr 28, 2003 Secretary of State

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
1344 N BEAL EXT FT. WALTON BCH., FL 32547 US					
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
1344 N. BEAL EXT. FT. WALTON BCH., FL 32547					
FEI Number:	59-3328868	FEI Number Applied For ( )	El Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
ABRAHAMSEN, MICHELLE 1344 N BEAL EXT FT WALTON BEACH, FL 32547 US					
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:					
	Electron	ic Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	D () ABRAHAMSEN, 1344 N. BEAL E FT. WALTON BO	XT.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	P () ABRAHAMSEN, 1344 N. BEAL E FT. WALTON BO	XT.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S () ABRAHAMSEN, 1344 N. BEAL E FT. WALTON BO	XTENSION	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	ABRAHAMSEN, 1312 LEWIS TU	Delete DIANA S IRNER BOULEVARD EACH, FL 32547	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	THOMPSON, MI 298 SCHNEIDE		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	ABRAHAMSEN, 1344 N. BEAL E		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVA M. ABRAHAMSEN P 04/28/2003