

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90144 049 ***150.00

DOCUMENT # **P95000069430**

1. Entity Name
BAY DESIGN GROUP OF SOUTHWEST FLORIDA, INC.



Principal Place of Business
**1786 TRADE CENTER WAY
SUITE 4
NAPLES FL 34109
US**

Mailing Address
**1786 TRADE CENTER WAY
SUITE 4
NAPLES FL 34109
US**

60013602



2. Principal Place of Business
551 S. COLLIER BLVD

3. Mailing Address
P.O. Box 1998

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
MARCO ISLAND, FL.

City & State
MARCO ISLAND, FL.

Zip
34145

Country
USA

Zip
34146

Country
USA

4. FEI Number **65-0610006**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**NEBEL, LYNN D.
1786 TRADE CENTER WAY
SUITE 4
NAPLES FL 34109**

7. Name and Address of New Registered Agent

Name
NEBEL, LYNN D

Street Address (P.O. Box Number is Not Acceptable)
551 S. COLLIER BLVD.

City
MARCO ISLAND FL

Zip Code
34145

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 **LYNN D. NEBEL** *Lynn D. Nebel* **1/7/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	P NEBEL, LYNN D 1786 TRADE CENTER WAY SUITE 4 NAPLES FL 34109	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. BOX 1998 MARCO ISLAND, FL. 34146	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **LYNN D. NEBEL** *Lynn D. Nebel* **1/7/03** **239-642-3606**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)