

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90053 026 \*\*\*150.00

DOCUMENT # P96000036405  
1. Entity Name Baymore Corporation  
3000 N Atlantic Ave #4  
Daytona Beach, Fla



**DO NOT WRITE IN THIS SPACE**

**50007300**

2. Principal Place of Business 3000 N Atlantic Ave  
Suite, Apt. #, etc. #4  
City & State Daytona Beach Fla  
Zip 32118 Country Volusia

3. Mailing Address 3000 N Atlantic Ave  
Suite, Apt. #, etc. #4  
City & State Fla - Daytona Beach  
Zip 32118 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3381890  
Applied For ☐ Not Applicable ☒  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name Barbara Penland  
Street Address (P.O. Box Number is Not Acceptable) 3000 N Atlantic Ave #4  
City Daytona Beach FL Zip Code 32118

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 Barbara Penland  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-22-05  
DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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	<u>Pres.</u> <u>Barbara Penland</u> <u>3000 N Atlantic Ave #4</u> <u>Daytona Beach Fla</u> <u>32118</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>VP</u> <u>Stephanie Schultz</u> <u>641 W Pine Drive</u> <u>Indianapolis, Ind.</u> <u>46260</u>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara Penland  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-05  
Date

386  
6732192  
Daytime Phone #

CR2E034B (12/02)