2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # P96000036465

1. Entity Name

BAYMORE CORPORATION

Principal Place of Business



FILED Mar 27, 2003 8:00 am Secretary of State

03-27-2003 90309 001 ***450.00

OLD MOROCCO TEMPLE JACKSOMMULE FL 20202 US US SPRINGED Flores Trust and Successory US SPRINGED Flores Trust and Successory US SPRINGED Flores Successory US SPRINGED Flores Successory US SPRINGED Flore Successory Su	219 N NEWNAI			219 N NEWNAN STREET								•		
US PROCESS PROPRIES SAME PROPRIES SAME AND A CONTROL SINCE UNITE 4 UNITE 4 UNITE 6 UNI					OLD MOROCCO TEMPLE					1 (00)(00) (00) (00)		B1111 B1848		
3. Maning Across Source Section														
Side Apt 4 set Suite Apt 4		lace of Busin	ess							I NOOKAAN KARAKA AKKA OOKA CO	AL er an arker kille	likik bioke i	Billi Bill 1881	
Unit 4 Chy & State Day trona Beach, FL Day trona Beach Day trona Beach, FL Day trona Beach Day trona Beac	•													
Daytona Beach, FL Daytona Beach, FL System					1 12 12 1 1				XXCHECK HERE IF MAKING CHANGES					
Day Lord Peach P.D. Day Lord Day L	City & State	e		City & State					4. F	El Number En 2201000		Ar	oplied For	
5. Name and Address of Current Registered Agent 5. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The Above New Mark ST - TOLD MOROCCO TEMPLE - JACKSONVILLE Ft. 92202 8. The above named ortifly submits this statement for the purpose of changing its registered officer or registered agent. 8. The above named ortifly submits this statement for the purpose of changing its registered officer or registered agent. 8. The above named ortifly submits this statement for the purpose of changing its registered officer or registered agent. 8. The above named ortifly submits this statement for the purpose of changing its registered officer or registered agent. 8. The above named ortifly submits this statement for the purpose of changing its registered officer or registered agent. 9. Election Campagn Financing 9. Elect	Daytona	Beach,	FL	Day	tona Beach,	FL				39-336 169U				
FEMILAND, 6- PERRY 219 N- NEWMAN ST	1 '	.,,,,,	Country			Coun	itry		~ 5. C∈	ertificate of Status Desired				
Name Stream Address (P.C. Box Number is Not Acceptable) Unit 4 3800 N. At lantic Blvd.	32118								::				d	
Barbarra_Jean Penland Street Address		6. Name	and Address of Current R	egister	ed Agent									
Second Address (P.O. Box Number is Not Acceptable) Init 4 3800 N. At lantic Blvd.	DENI AND	C. BEDDA							ra Jean Penland					
- OLD MOROCCO TEMPLE - JACKSONNILE FL \$2028 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 or registered agent. SIGNATURE March 11, 2003 Delta				Street			Street A	Address (P.O. Box Number is Not Acceptable)						
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent. March 11, 2003				-										
S. 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 Segmature, hyper or primed remained or registered agent and title if applicable PILE NOW!IT FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.							3800 N. Atlantic Blvd.							
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 abligations of registered agent. Common	JACKSON	VILLE FE 32	2202					CityDaytona Beach FI 39 1992						
SIGNATURE SIGNATURE ST50.00 Security State St50.00 St50.00 St50.00 St50.00 St50.00 St50.00 St50.00 St50.00 St50.00 St50.00 St50.00 St50.00 St50.00 St50.00 St50.00 St50.00 St50.00 St50.00 St50.00 St50.00 St50.00 St50.00	8 The above	named entity	enhmite this statement for	the nurr	ose of changing its r	onistor								
SIGNATURE Signature, Tytes of privided represent agent and tible is applicable NOTE Registered Agent signature received when reinstating DATE	the obligati			ine purp	oode or changing its n	cgistori	sa dinac di	registere	a ago	in, or oom, water orace or re	711 0 0. 1 0111 10111		and doops	
FILE NOW!!! FEE IS S150.00 After May 1, 2003 Fee will be SS50.00 Make Cheek Payable to Finded appart and 15er if applicable. Special contribution S\$.00 May Be Added to Fees										March 1	1. 2003			
### FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT II. TITLE PD	SIGNATURE _	Signature, typed	or printed name of registered agent an	id title if app	plicable. (NOTE:	Registere	d Agent signate	ure required v	when rein					
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAM	*		:		1				- -T	· · ·				
Make Check Payable to Florida Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE	г											\$5.0	0 May Be	
TITLE OLD THE STREET ADDRESS CITY-ST-ZIP C				State					İ	Trust Fund Contribution	n. 📙	Added	to Fees	
TITLE NAME STREET ADDRESS CITY-ST-2P TITLE SD COURTNEY, B.J. Change CONTY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE			•						ADE	DITIONS/CHANGES TO OFF	ICERS AND DI	RECTOR!	S IN 11	
PENLAND, S PERRY 219 N NEWNAN STREET, OLD MOROCCO TEMPLE SIREET ADDRESS CITY-ST-2IP COURTNEY, B.J. Change Addition A		PD	,			_		1						
SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITL	NAME	PENLAND,						Pres	i der	nt - Barbara Je				
TITLE SD XX Delete COURTNEY, B.J. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32202 TITLE NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32202 TITLE NAME STREET ADDRESS CITY-ST-ZIP TIT	STREET ADORESS			ROCC	o temple	STRE	ET ADDRESS	1						
TITLE SD COURTNEY, B.J. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32202 ITILE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TI	CITY-ST-ZIP	JACKSON	VILLE FL			CITY	-ST-ZIP							
COURTNEY, B.J. 219 N NEWMAN ST JACKSONVILLE FL 32202 TITLE MAME SIREET ADDRESS CITY-ST-ZIP TITLE MAME SIREE	TITLE	SD			אַעֻ Delete	TITLI		Day C	Oria.	Deach, FD JEIT	XX	Change	Addition	
SIRET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32202 CITY-ST-ZIP Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE CITY-ST-ZIP				1111	NAM	E	Secre	etai	rv Barbara Jea		•	1		
TITLE Delete TITLE NAME Change Addition							TEL ADDRESS 3800 M							
NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADD	CITY-ST-ZIP	JACKSON	VILLE FL 32202			CITY	-ST-ZIP	1			ς			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE				☐ Delete	-					C	Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE														
TITLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRES			,											
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRES						1						1 0		
STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITL					☐ Delete	1					_] Unange	☐ Addition	
CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE														
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME TITLE TITLE TITLE TITLE TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME														
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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					□ Doloto							1 Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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	į										<u> </u>	Januaryu		
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP 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	ŀ							ŀ						
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP 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	ľ													
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP 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	TITLÉ		•,		☐ Delete	TITLE				-m	Г	Change	Addition	
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information					L.J DUIDIO						l	,		
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														
12. I hereby certify that the information supplied with this filling 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 application of the second local state of the second local	CITY-ST-ZIP					CITY	-ST-ZIP			•				
	12. I hereby c	ertify that the	information supplied with t	his filing	does not qualify for t	he exe	mption stat	ted in Sec	ction 1	19.07(3)(i), Florida Statutes.	I further certify	that the in	nformation or director	

. 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 attantiment with an address, with all other like empowered.

SIGNATURE:

March 11 2003 904/241-5526

CHZEU34 (10/0Z)