

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

03-27-2003 90309 001 ***450.00

DOCUMENT # P96000036465



1. Entity Name
BAYMORE CORPORATION

Principal Place of Business
**219 N NEWMAN STREET
OLD MOROCCO TEMPLE
JACKSONVILLE FL 32202
US**

Mailing Address
**219 N NEWMAN STREET
OLD MOROCCO TEMPLE
JACKSONVILLE FL 32202
US**

2. Principal Place of Business
3800 N. Atlantic Blvd.

3. Mailing Address
3800 N. Atlantic Blvd.

Suite, Apt. #, etc.
Unit 4

Suite, Apt. #, etc.
Unit 4

City & State
Daytona Beach, FL

City & State
Daytona Beach, FL

Zip
32118

Country

Zip
32118

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3381890**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~PENLAND, S. PERRY
219 N. NEWMAN ST -
OLD MOROCCO TEMPLE
JACKSONVILLE FL 32202~~

Name
Barbara Jean Penland
Street Address (P.O. Box Number is Not Acceptable)
**Unit 4
3800 N. Atlantic Blvd.**
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.

March 11, 2003

SIGNATURE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
NAME **PENLAND, S PERRY**
STREET ADDRESS **219 N NEWMAN STREET, OLD MOROCCO TEMPLE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☒ Change ☐ Addition
NAME **President - Barbara Jean Penland**
STREET ADDRESS **3800 N. Atlantic Blvd., Unit 4**
CITY-ST-ZIP **Daytona Beach, FL 32118**

TITLE **SD** ☒ Delete
NAME **COURTNEY, B.J.**
STREET ADDRESS **219 N NEWMAN ST**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE ☒ Change ☐ Addition
NAME **Secretary, Barbara Jean Penland**
STREET ADDRESS **3800 N. Atlantic Blvd.**
CITY-ST-ZIP **Daytona Beach, FL 32118**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 11, 2003 904/241-5526

Date

Daytime Phone #

CR2E034 (10/02)