## **2002 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

2002 UNIFORM BUSINESS REPORT (UBR)						FILED Mar 25, 2002 8:00 am				
DOCUMENT # P96000045976  1. Entity Name					Secretary of State  03-25-2002 90072 001 ***150.00					
BAY LEN	DING CORPORATION	•				00 <b>2</b> 0 <b>2</b> 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	_ 001	100,00		
Principal Plac	reet. No.	Mailing Address 3900 1ST STREET. NO.	100 1ST STREET. NO.							
st Petersbi Us	JRG FL 33703	ST. PETERSBURG FL 337 US	***							
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address				<b>ue</b> nia <b>un</b> sin 480		BAIA OII) IOU	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State	е	City & State	City & State			59-3384123			plied For t Applicable	
Zip	Country Zip Cou		Country		5. (	Certificate of Status Desired		3.75 Add e Required		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name										
COCHRAN, MITCHELL H				Street Address (P.D. Box Number is Not Acceptable) 206 Hawaii Ave NE						
01.1212	Nobolia 12 30700		Ci	ty			FL	Zip Code		
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.										
SIGNATURE .	Signature, typed or printed name of registered	d agent and title if applicable. (NOTE	: Registered Ager	nt signature required	I when re	einstating)	DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!! FE After May 1, 2002 Fe Make Check Payable to			2 Fee will	be \$550.00	te :	10. Election Campaign Finar Trust Fund Contribution.	icing		May Be to Fees	
11.	OFFICERS	AND DIRECTORS	12.			    DITIONS/CHANGES TO OFFIC	ERS AND D	IRECTORS	IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COCHRAN, MITCHELL H 2061 HAWAII AVE NE ST. PETERSBURG FL	☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI	)				] Change	Addition	
TITLE NAME STREET ADDRESS	V COCHRAN, REBECCA L 2061 HAWAII AVE NE	☐ Delete	TITLE NAME STREET ADD	1				] Change	☐ Addition	
ÇITY-ST-ZIP TITLE	ST. PETERBURG FL TS	<b>⊠</b> Delete	CITY-ST-ZI	P				Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	COCHRAN, GEORGE 8200 35TH AVENUE NORTH ST PETERSBURG FL	f	NAME STREET ADD CITY-ST-ZI	· ]						
TITLE . NAME		☐ Delete	TITLE	Vic	e (	President , Julie Hidden Oaks Ci	_	Change	<b>☒</b> Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADD	P Cle	40 1 ar v	Hidden Oaks Ci vater FL 3371	rcle 64			
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADD	j		,		Change	Addition	
CITY-ST-ZIP		☐ Delete	CITY-ST-ZI	P					Addition	
NAME STREET ADDRESS		Desete	NAME STREET ADD	Ø. DRESS				_ 5.161.90		
CITY-ST-ZIP			CITY-ST-ZI	Р				<del></del>		
13. 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 as supplied entail 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.										

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR