2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

DOCUMENT # P96000046532

1. Entity Name



Feb 27, 2003 8:00 am Secretary of State 02-27-2003 90108 032 ***150.00

FILED

BAY PACE, INC. Principal Place of Business Mailing Address 2435 WOODLAWN CIRCLE WEST 2435 WOODLAWN CIRCLE WEST SAINT PETERSBURG FL 33704 SAINT PETERSBURG FL 33704 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-3396433 Applied For Zip Not Applicable Country Zip Country 5. Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent KRODEL, WILLIAM H. 4437 CENTRAL AVE -Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG FL 33713 City 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 SIGNATURE . Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE OVERCAST, BILLY ☐ Addition NAME 2435 WOODLAWN CIRCLE WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33704 CITY-ST-ZIP TITLE ☐ Delete TITLE OVERCAST, ELIZABETH NAME Change ☐ Addition NAME 2435 WOODLAWN CIRCLE WEST STREET ADDRESS STREET ADDRESS CITY-ST-7IP SAINT PETERSBURG FL 33704 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME [] Change Addition NAME -- -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ 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 changed, or on an attachment with an address, with all other tike empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

☐ Delete

☐ Change

☐ Addition