

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000048160

1. Entity Name

BAYWOOD CONSULTING, INC.

Principal Place of Business

8863 BAYWOOD PARK DRIVE
LARGO FL 34647
SEMINOLE, FL 33777

Mailing Address

8863 BAYWOOD PARK DRIVE
LARGO FL 34647
SEMINOLE, FL 33777

2. Principal Place of Business

8863 BAYWOOD PARK DR

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEMINOLE, FL 33777

City & State

SAME

Zip

33777

Country

FLORIDA

Zip

SAME

Country

SAME

4. FEI Number

59-3392522

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BACON, DAVID A
2959 FIRST AVE NO
ST PETERSBURG FL 33713

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS JORDAN, GRISELL
CITY-ST-ZIP 8863 BAYWOOD PARK DRIVE
LARGO FL 34647

TITLE ☐ Delete
NAME D
STREET ADDRESS JORDAN, TERESA
CITY-ST-ZIP 8863 BAYWOOD PARK DRIVE
LARGO FL 34647

TITLE ☐ Delete
NAME D
STREET ADDRESS JORDAN, TERESA V
CITY-ST-ZIP 8863 BAYWOOD PARK DRIVE
LARGO FL 34647

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GRISELL JORDAN PRES

2/12/01

727-399-8807

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0627332

CR2E034 (10/00)