FILED

2002 UNIFORM RUSINESS REDORT (URB)

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P96000048160 1. Entity Name BAYWOOD CONSULTING, INC.				Feb 13, 2002 8:00 am Secretary of State 02-13-2002 90221 002 ***150.00			
Principal Place of Business 8863 BAYWOOD PARK DRIVE BEST FL 33777 SEMINOLE Mailing Address 8863 BAYWOOD PARK DRIVE BEST FL 33777 SEMINOLE			RIVE	BUUZ5U49			
2. Principal Place of Business 8363 BAYWOOD PARK DR. 3. Mailing Address						(1818 Balla Brail (68)	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & Star	LE, FL, 33777	City & State S & E		4. FEI Number 59-33	92522	Applied For Not Applicable	
Zip 3311	7 PINECLAS	Zip SAME	Country 5AME	5. Certificate of Status D	esired S8.75	Additional quired	
	6. Name and Address of Current R	Registered Agent	Name	7. Name and Address of	f New Registered Agent		
BACON, I	DAVID A			(5.5.)			
2959 FIRST AVE NO			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
ST PETERSBURG FL 33713							
			City		FL Zip	Code	
-	Signature, typed or printed name of registered agent aroration is eligible to satisfy its Intangible	FILE NOW!	E: Registered Agent signature requir	10. Election Camp	DATE	55.00 May Be	
Tax filing requirement and elects to do so. (See criteria on back)		Make Check Payat	02 Fee will be \$550.00 ble to Department of S	tate Trust Fund Co	ntribution.	dded to Fees	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDAN, GRISELL 8863 BAYWOOD PARK DRIVE LARGO FL 34647	Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES	TO OFFICERS AND DIREC		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDAN, TERESA 8863 BAYWOOD PARK DRIVE LARGO FL 34647	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Cha	nge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDAN, TERESA V 8863 BAYWOOD PARK DRIVE LARGO FL 34647	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Cha	nge 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Cha	nge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		` ☐ Cha	nge 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Cha	nge	
indicated of the cor changed.	certify that the information supplied with t on this report or supplemental report is t poration or the receiver or trustee empor or on an attachment with an address.	rue and accurate and that n	ny signature shall have the as required by Chapter 6	e same legal effect as if made 07, Florida Statutes; and that	e under oath; that I am an of my name appears in Block	ficer or director 11 or Block 12 if	
SIGNAT	URE:	JELLEN STORY	14. I	1/24102	727-399-8807	<u>′ </u>	

1/29/02 727-399-8807 Date Daytime Phone